V. S. No. 1

item of inforshould state of OCCUPA-

B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every i	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
B. WRITE PLAN	mation should	CAUSE OF DE	TION is very i

	CERTIFICATE OF DEATH 5715
1. PLACE OF DEATH	108
County ( lase 1 1 1 4 Com)	Registration Dist. No. 302
Village or City	No. Wash County Hospits & Ward
1/	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Thomas & allen	If U. S. Veteran, specify WAR
(a) Residence: No. +2/ Suma am and (Usual place of abode)	St., S Ward. :  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  2 2  (Day)  (Day)  (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabethy allera	22. I HEREBY CERTIFY, That I attended deceased from  19 37 to Moy 22 19 37
6. DATE OF BIRTH (month, day, and year) wolf toward 1879	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 2 0 Pm.
5-8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nalaca Sararra
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	West Constitution of the C
10. Date deceased last worked et this occupation (month and the paper in this year)	
12. BIRTHPLACE (city or town) Emulaturelle (State or country)	Other Coutributory Causes of importance:
~ 10 A W	
13. NAME flor recours	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HAT/Cubrule	23. If deeth wes dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mury & allen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Theyauloury Mat 5-23-, 1937	Natura of Injury
19. UNDERTAKER & M. Caldwell	24. Was disease or injury in any wey related to occupation of deceased? Us
(Address) Hagers tour Me	If so, specify
5-23-37 - Mart Barress	(Signed) E. ( M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_\_\_\_\_ to a gratual

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	E 7 15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

should state

MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. IARGIN RESERVED FOR BINDING

-WRITE PLA

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 57	716
1. PLACE OF DEATH		(92-70)	
County Washington		Registration Dist. No. 30	7
(2.10/11)	Joseph.		
Village Dr City 1	(If	NDSt.,death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in oity or town where death	occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME house &	sell Bagren	If U.S. Veteran specify WAR	
(a) Residence: No Sandy &	tooks mal	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATISTICAL  3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH NO.	
	OR DIVORCED (write the word)	(Mogfle) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	1	22. A LHEREBY CERTIFY, That I attended	descend from
(or) WIFE of John Di Ca	grent	May 1 1937 to May 18	1937
6. DATE OF BIRTH (month, day, and year)	me 16 1854	Hast saw Man alive on Man 17 1937	: death is said
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at	
93. 110	2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	Tal 1 1	nete as tunows.	Date of onset
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.	al Kelesemi		
kind of work done, as SPINNER SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	/ · Y	Votte Indufriency	3
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this 40.740	J	
7007-1-1-0	O de	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)	Ca. Alax	Mital Santhian	
1 44/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Edali,	They are a country	
E	they're	1/42	
4 14. BIRTHPLACE (city or town)	IMIN	Name of operation Date of Date	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	www.	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill in also the following	
6 16. BIRTHPLACE (city or town)	1-21-1-1	Accident, suicide, or homicide?	, 19
(State or country)	vrnu	Where did Injury occur? (Specify city or town, county and State	-)
17. INFORMANT W. DI KORSOM	1	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ACE.
(Address) Moy wife,	MEINT NA		
18. BURIAL, CHEMATION, OR REMOVAL Place Leve 2000 D	may 20 134	Manner of injury	
1 CP D	100000000000000000000000000000000000000	Nature of injury	TAK-
19. UNDERTAKER A. VI. COLORIS	A STA PA	24. Was disease of injury in a way related to occupation of declared?	7-0
(Address)/ K3-0-CNOCK	117:11	If solspecify Adult to College 1981,	
20. FILED May 200, 1937 Comel	us H. Dastle	(Signed)	M. D.

If more blanks are needed, faddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21710710361670313	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

	very item of infor-	ANS should state	nent of OCCUPA-	1
6	REC. D. E	Y. PHYSICI	Exact states	
BINDING	ERMANENT	EXACTL	y classified.	te.
FOR	SISAP	stated	properl	certifica
1	HIS	pe	pe	of
ARGIN RESERVED FOR BINDING	TE PLAN Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	is very important. See instructions on back of certificate.
	TE PLAKY, WI	should be carefu	E OF DEATH in	is very important.

1	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
	1. PLACE OF DEATH		Was X		

	5	7	1	7	
6	20	5	2	>	

See   If married, widowed, or divorced   HUSBAND of   John R. Biser	- I - I - I - I - I - I - I - I - I - I			46-2)
Village or City. ************************************	County Washing	ton		Registration Dist. No. 302
Langth of residence in city or town where death occurred 12 yrsmosds. Now long in U.S. If of foreign birth?yrsmosds. Now long in U.S. If of foreign birth?yrsmosdsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyr	Village or City WIT Hargers to WIT			
2. FULL NAME Anna Rose Biser  (a) Residence: No. 111 Ray Street (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX Permale  4. COLOR OR RACE White  S. SINCLE MARRIED, WIDOWEO, Or De DOVORCEO Comine the world)  Mar Tride, widowed, or divorced HUSARAPD or Or Original Principles of the world or Original Principles or Original Pr	(If			If death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. 111 Ray Street (Unusplace of shock)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX PEMBLE  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEO, DR DIVORCED Coming the word) MATTIED  5. If married, widowed, or divorced HUSBAND of John R. Biser  5. OATE OF BIRTH (month, day, and year) April 10, 1877  7. AGE Years Months Oays If LESS than Idey	Length of residence in city or town w	here death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds
PERSONAL AND STATISTICAL PARTICULARS  J. SEX Pemale  4. COLOR OR RACE Pemale  4. COLOR OR RACE Pemale  5. SINGLE, MARKED, WIDOWEO, OR DIVORCED (currie the word) METTIEC  7. AGE Pears  6. OATE OF BIRTH (month, day, and year)  7. AGE Pears  8. Trade, profession, or particular Red of work done, as SPINNER, Home Work  9. Industry or business in which SAW MILL, BANK, etc.  10. Oate Geasead last worked at this occupation (month end year)  12. BIRTHPLACE (city or town). Franklin County  13. SINAME Penry Riddle  14. BIRTHPLACE (city or town). Unknown State or country)  15. MAIDEN NAME SOPHIA ATBIST  16. BIRTHPLACE (city or town). Unknown State or country)  16. BIRTHPLACE (city or town). Unknown State or country)  17. INFORMANT Penry Biser  18. BURIAL, CREMATION, OR RACE S. SINGLE, MARKID, WIDOWEO, Owner, where a solidows:  MEDICAL CERTIFICATE OF DEATH May 14, (Month) (14. METERS Y CERT I FY. That I attended decease (Month) (0ay)  19. 7. death to have occurred on the date stated above, at 1.20Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  10. Oate deceased last worked at this occupation (month end years)  11. Total time (years) spant in this occupation  Other Coapfighery Causes of Importance:  What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an europsy?  Was there an europsy?  Was there an europsy?  Was there an europsy?  What test confirmed diagnosis?  Specify whether injury occurred in in NOUSTRY, in HOME, or in PUBLIC PLACE.  RADIOR PRINCIPAL CAUSE OF DEATH and related causes (VIOLENCE) fill in elso the following:  Specify whether injury occurred in in NOUSTRY, in HOME, or in PUBLIC PLACE.  Magnetic Rich Park (Month)  Magnetic Rich Park (Month)  10. Oate deceased last work of the same of peration.  Was the control in NOUSTRY, in HOME, or in PUBLIC PLACE.  Magnetic Rich Park (Month)  14. BIRTHPLACE (city or town). Unknown  15. BIRTHPLACE (CITY or town). Unknown  16. BIRTHPLACE (CITY or town). Unknown  17. INFORMANT Henry Biser  18. BURIAL CREMATION, or REMO	2. FULL NAME Anna	Rose Bis	er	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX Female 4. COLOR OR RACE OPEN PARCE OPEN PAR	(a) Residence: No. 111	Ray Stree	t	Sto 3 Ward.
3. SEX Pemale 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, DE DIVORCED Germite the world May 14, (Month) (Oay) (Yes Month) (Oat) (Y				
Female White Operation Control of the word				
50. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Biser  6. OATE OF BIRTH (month, day, and year) April 10, 1877  7. AGE Years Months Oays II LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWKER, BOIKEEPER, etc. HOME Work 9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month end year) occupation  12. BIRTHPLACE (city or town) Franklin County  (State or country) Pa.  13. NAME Henry Riddle  14. BIRTHPLACE (city or town) Unknown (State or country) Germany  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town) Unknown (State or country) Pa.  17. INFORMANT Henry Biser  17. INFORMANT Henry Biser  18. BURNAL, CREMATION, OR REMOVAL	- I COLON ON MACE		RRIED, WIDOWEO, ED (write the word)	May 14, 193 7
1 last saw h.a. alive on. 1. 1937; death to have occurred on the date stated ebove, of 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 1937; death to have occurred on the date stated ebove, of 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 1937; death to have occurred on the date stated ebove, of 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last saw h.a. alive on. 1. 20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1 last	HUSBAND of Tolon D	. Biser	,	22 HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months 0 ays 1 f LESS than 1 dey, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. Home Work 9. Industry or business in which work was done, es SPINNER, SAWYER, BOOKEEPER, etc. Home Work 9. Industry or business in which work was done, es SPINNER, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town). Franklin County (State or country)  13. NAME Henry Riddle  14. BIRTHPLACE (city or town). Unknown (State or country) Germany  15. MAIDEN NAME Sophia Aranst 23. If death was due to external causes (VIOLENCE) in in elso the following: (State or country) Pa.  16. BIRTHPLACE (city or town). Unknown (State or country) Pa.  17. INFORMANT Henry Biser (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.)	& DATE OF DIDTY (month day and wast)	April 10	1077	344
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAX MILL, BARN, etc.  10. Oate deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town). Franklin County  (State or country)  13. NAME Henry Riddle  14. BIRTHPLACE (city or town). Unknown  (State or country) Germany  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town). Unknown  (State or country)  17. INFORMANT Henry Biser  (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  Menage of largers  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of Death were as follows:  Date				4.00:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPFE, etc.  9. Industry or business in which work was done, es SPIK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month end year)  11. Total time (years) spant in this occupation (month end year)  12. BIRTHPLACE (city or town). Franklin County  (State or country)  13. NAME Henry Riddle  14. BIRTHPLACE (city or town). Unknown  (State or country)  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town). Unknown  (State or country)  16. BIRTHPLACE (city or town). Unknown  (State or country)  17. INFORMANT  (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
Other Costfibutory Causes of Importance:  12. BIRTHPLACE (city or town). Franklin County (State or country) Pa  13. NAME Henry Riddle  14. BIRTHPLACE (city or town). Unknown (State or country) Germany  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town). Unknown (State or country) Pa.  17. INFORMANT Henry Biser (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  Other Costfibutory Causes of Importance:  Other Costfibutory Cause	8 Trade profession or particular			were as follows:  Date of onset
Other Costfibutory Causes of Importance:  12. BIRTHPLACE (city or town). Franklin County (State or country) Pa  13. NAME Henry Riddle  14. BIRTHPLACE (city or town). Unknown (State or country) Germany  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town). Unknown (State or country) Pa.  17. INFORMANT Henry Biser (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  Other Costfibutory Causes of Importance:  Other Costfibutory Cause	9. Industry or business in which			Oar grand of
Other Coatfibutory Causes of Importance:  12. BIRTHPLACE (city or town) Franklin County (State or country) Pa  13. NAME Henry Riddle  14. BIRTHPLACE (city or town) Unknown (State or country) Germany  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town) Unknown (State or country) Pa  17. INFORMANT Henry Biser (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  Other Coatfibutory Causes of Importance:  Other Coatfibutory  Other Co	SAW MILL, BANK, etc			from Carelina
12. BIRTHPLACE (city or town). Franklin County    State or country)   Pa.	- I this occupation (month one	Sp:	ent in this	
13. NAME Henry Riddle  14. BIRTHPLACE (city or town) Unknown (State or country) Germany What test confirmed diagnosis? Was there an europsy?  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town) Unknown Accident, suicide, or homicide? Oate of Injury 19 (State or country) Pa.  17. INFORMANT Henry Biser (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL	12. BIRTHPLACE (city or town) Franklin County			Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Unknown (State or country) Germany  15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town) Unknown (State or country) Pa.  17. INFORMANT Henry Biser (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  Name of operation.  What test confirmed diagnosis? Was there an europsy?  What test confirmed diagnosis? Out of light in elso the following:  Accident, suicide, or homicide? Oate of Injury.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	13. NAME Henry Ride	lle		
15. MAIDEN NAME Sophia Arenst  16. BIRTHPLACE (city or town) Unknown (State or country) Pa.  17. INFORMANT Henry Biser (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  23. If death was due to external causes (VIOLENCE) In in elso the following:  Accident, suicide, or homicide? Oate of Injury, 19  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	14. BIRTHPLACE (city or town)			
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT Henry Biser  (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL				
(Specify city or town, county and State)  17. INFORMANT Henry Biser  (Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	16. BIRTHPLACE (city or town) Unknown (State or country) Pa.			Accident, suicide, or homicide? Oate of Injury, 19
18. BURIAL, CREMATION, OR REMOVAL	(Address) Hagerstown, Md.			(Specify city or town, county and State)
Place Hagerstown, Md. Date May 16, 19 37 Nature of injury	18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date May 16 ,19 37			Manner of Injury
	19. UNOERTAKER Fred W. Kraiss, (Addiess) Hagerstown, Md.			24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 5-15-, 193) Mary Bower (Signed) Allellus Jayruces	20. FILED 5-15-, 1937,	Mult	Bocce Registrar.	
If more blanks are needed, address State Registrar, 2411 N. Chall Street, Baltimore, Requesting U. S. No. 1.	If	more blanks are needed.		2411 N. Chald Street, Baltimore, Reducting T) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
JUN 7 1907	11491,1000	- Order borrect and	1 your

# STATE OF MADVI AND CEDTIFICATE OF DEATH

M	N. B. WRITE PLAKEY, WITH UNFADING INK THIS IS A PERMANENT RECEED. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.
	PHYS	xact st
BINDING	EXACTLY.	y classified. E
FOR	IS A P	properl certifica
ARGIN RESERVED FOR BINDING	GE should be	CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.
ARGIN	TH UNFADIN	lain terms, so See instruction
)	Id be careful	DEATH in p y important.
V. S. No. 1	N. B. WRITE PI	CAUSE OF TION is ver

1. PLACE OF DEATH		34
County Washing Village or City Hagers to Length of residence in city or town where de	in, Md.	Registration Dist. No. 332  No. 139 Church St. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foraign birth? yrs. mos. d
2. FULL NAME Anna	G. Black	
(a) Residence: No. 139 Chi	urch St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Female White Married		21. DATE OF DEATH  May 15 , 193. 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HISBAND of Cody W. B]	lack	22. WHEREBY CERTIFY. That I attended deceased to
6. DATE OF BIRTH (month, day, and year) NO	v. 21,1906	i last saw half aliva on
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et. 10.00nP . M  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years) spant in this occupation	on the literate covery
12. BIRTHPLACE (city or town)Martir (State or country)	asburg, West Va	Other Costributors American introductions:
13. NAME William T	nompson	and of word within
14. BIRTHPLACE (city or town) West (State or country)	t Va	Name of operation Dete of Whet test confirmed diagnosis?
15. MAIDEN NAME Pauline 16. BIRTHPLACE (city or town) West (Stete or country)		23. If death was due to external cluses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT COdy W. B. (Address) 139 Church S	St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury
Place Hagerstown, Md,	Date May18, 1937	Nature of injury
19. UNDERTAKER Fred W. KI (Address) Hagerstowns) 20. FILED 5 - /8-, 1937		24. Was disease or injury Ip any was related to occupation of deceased?  If so, specify  (Signed)  M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balkmore, Requesting TU. S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	1 week ago
Peritonitis	0 2
	3 days ago
Other contributory causes of importance:  Gastroenteritis	1 year
93	

ADDITIONAL	SPACE	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(947)
County Washington	Registration Dist. No. 302
Village or City Hazentouri	No. Washington County Hereb 5 Ward
(He	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Dung	If U. S. Veteran, specify WAR
(a) Residence: No. 139 7L. toundly	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nurice the word)	21. DATE OF DEATH
max while wedown	(Month) (Day) (Year)
5a. If married, widowed, or divorced anna Burger	22.   HEREBY CERTIFY. That   ettended deceased from
(or) WIFE of	May 1, 1937 to May 6 1937
6. DATE OF BIRTH (month, day, end year) Feb. 14-1872	I lest say have elive on way 6, 5 0,1931; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, allm.
65 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade nunfession or particular	Date of onset
sawyer, BOOKKEEPER, etc. / Lelied Machine	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	grand, occurren house
SAW MILL, BANK, etc.	X
-   Spelit III tills	0
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	The American American
(State or country)	murk Coleveus may
13. NAME Claam Burker	0
13. NAME A A A BRITHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME THAT CARBONIA	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MIS Kale Welly	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hageistown mis	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date ,19	Nature of injury
19. UNDERTAKER & M. Suler Bay	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hace granty and man	If so, specify
20. FILED 5-8-1937 Christ Bowess	(Signed) M. D.
Registrar.	(Address) Hagrylm Ml.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING

RESERVED

S. No.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	Lalaan
;	111111111111111111111111111111111111111	and the state of t	1 year

Date of onset

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
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5722

1. PLACE OF DEATH	107-12	
. County Washington	Registration Dist. No. 3	02
Village or City Magualin	No. Wash & Nashital St. 5	3 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Earnest & Call	If U. S. Veteran, specify WAR	
(a) Residence: No. 119 Eusebuth  (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDE OR DIVORCED Furite the		, 193
5a. If married, widowed, or divorced	(ingun) (va))	(1641)
HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, That I attended of	
5. DATE OF BIRTH (month, day, and year)	936   last saw h. 17 alive on 17 4 - 4 1931	
7. AGE Years Months Days If LES	SS than to have occurred on the date stated above, at 12.5. P.m.	
4 4 1 day,	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular		Oate olonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Acidsois	1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		٠
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end		
this occupation (month end spent in this year)		
Magua Inm	Other Coatributory Causes of importance:	2
(State or country)	Prevnente Dreneho.	
TO, HAME		
(State or country)	Name of operation Date of	
	What test confirmed diegnosis? Was there an a	
15. MAIDEN NAME & Withy Scherk  16. BIRTHPLACE (city or town) Zwalington  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	(Specify city or town, county and State	e)
17. INFORMANT A A CALLY COLL (Address) Id agent towns Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Naguelins May 6	, 19.3. 7 Nature of injury	
19. UNDERTAKER SCOTT 2. Winnels Lo	24. Was disease or injury in any way releted to occupation of deceased?	
(Address) Wagus Jawa	If so, specify	
1 5 - 5 - 13) / MASHIBOL	ees (Signed) & Clown Man.	M. D
ZU. FILEU Z	gistrar. (Address) 12 9 LAC- IN VOLA O	Sul .

If more blanks are needed, address State Registrar, 2411 N. Chayles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JON 9 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1166	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
,	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

4	N. B. WRITE PLAILLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Mem of infor-	smatten should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
X	Kem	sho	of (	1
X	Every	CLANS	ement	
4	Q	IXSI	stat	
8	REC	PI	Exact	
r h	LN	LY.	d.	
ARGIN RESERVED FOR BINDING	ANE	CI	ssifie	
INI	ERM	EXA	clas	e ·
R	A P	ed	perly	ficat
FO	IS	stat	pro	certi
ED	LHIS	d be	y be	k of
ERV	IK	houl	t ma	TION is very important. See instructions on back of certificate.
RES	G IN	GE	hat i	ns or
N	DIN	l. A	so t	uctio
RG	NFA	plied	erms,	instr
	H U	dns .	in te	See
	WIT	fully	n pla	int.
	LY,	care	TH	porta
7	AL	ld be	DEA	y im
	F PL	shoul	OF	s ver
	RITI	Gon	USE	N is
10, 1	T	-ma	20	TI
V. S. No. 1	N. B	-		

1	. PLACE OF DEAT	гн			93-0	
	County Wa	shington	- newson shell Me		Registration Dist. No. 302	1
	Village or City Hagers town				No. 49 Summit Avenue St. 2	_Ward
				(If	death occurred in a hospital or institution, give its NAME instead of street and number,ds. How long in U.S. if of foreign birth?yrsmos	) ds
1	. FULL NAME	Mary E.	Davis		If U. S. Veteran, specify WAR	
	(a) Residence: No			ue f abode)	St., 2 Ward.  If nonresident give city or town and State	
Since of the last	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		R OR RACE 5		IFD, WIDOWED, (write the word)	21. DATE OF DEATH  May 24, (Day) (V. (Day) (Y.	7 (aar)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	Richa	of gv	Jones	22. I HEREBY CERTIFY, That I attended decease	
	DATE OF BIRTH (month, day	and upon All C	ust 15.	1882		
	AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 6:00 A m.	
	54	9	9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NOI	8. Trade, profession, or profession,	articular as SPINNER, PER, etcH	ame War		Date	of onset
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	n which			Contract	
000	1D. Date deceased last won this occupation (mo year)	rked at nth and	11. Total tir span occup	ne (years) t in this pation	42.7%	
12. BIRTHPLACE (city or town) Washington County (State or country)				unty	Dther Contributory Causes of Importance:	
ER	13. NAME John	L. Davi	S			
FATHER	14. BIRTHPLACE (city or to	own) Washi	ngton C	ounty	Nama of operetion Date of Was there an au opsy	
R	15. MAIDEN NAME			er	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary Ellen Sisler 16. BIRTHPLACE (city or town) Washington County (State or country) Md.			gton Co		Accident, suicide, or homicide? Date of Injury, 1  Where did injury occur?	9
17. INFORMANT Mrs. Bernice Easterday (Address) Mapleville, Md.			Easter	day	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL					Manner of Injury	
	Placa Funks to	wn, Md.	DateMay 2	26., 1937	- Nature of injury Destly ferm Obyocardities	
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.				4	24. Was disease or injury in any way related to occupation of deceased?	
20	20. FILED 5 - 26 -, 19 37 6 Mass 30 occass Registrat.			Revistrar	(Signed) to disressel Council acting	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OF AU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

IARGIN RESERVED

STATE OF	MARYLAND—CERTIFICATE OF DEATH	5724
OF DEATH	9800	

Length of residence in city or town, where deeth occurred to yrs. 5 mos.  2. FULL NAME  (a) Residence: No. 2	1. PLACE OF DEATH	98-70
Village or City Jordan Start S	County Hackington	Registration Dist. No. 307
Langth of residence in city or town, where deeth occurred.  2. FULL NAME  (a) Residence: No.  (b) Answer of the common of the co	Village or City Lorenth Glave	
2. FULL NAME  (a) Residence: No. A county  (b) A county  (c) A county  (	(1	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) (Us	Length of residence in city or town where deeth occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  4. COLOR OF RACE  5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  1. It LESS than 1. day,	2. FULL NAME Sorhia I Suck	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWCD  5. Il married, widowed, or divorced  (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Solution  Months  Month		
3. SEX  4. COLOR OR RACE OR DIVORCED (white the word)  5. If married, widowed, or divorced HUSBANDO OR DIVORCED (white the word) (Or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years Months Days If LESS than I day,		
OR DIVORCED (winter the word)  Ja. If married, widowed, or divorced investment of cory birts of cory		
55. If married, widowed, or divorced Hystafford or Oct - 26 = 1839  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,		21. DATE OF DEATH
Hyserand of (or) WIFE of (or) W	temale White Hidowed	(Month) (Day) (Year)
8. Trade, profession, or particular finite forms with the second of the	5a. If married, widowed, or divorced HUSBANB of	22 I HERERY CERTIES. That I attended deserved from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURNAL CREMATION, OR REMOVAL  Manner of injury	(or) WIFE of John Kleck	
7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as \$71NNER, SAWYER, BOUKEFER, etc. SILK MILL, SAWYER, BOUKEFER, etc. SOUTH MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) occupation Other Ceatributery Causes of importance:  12. BIRTHPLACE (city or town) Calculation of the country) Washington occupation Other Ceatributery Causes of importance:  13. NAME ON MILL, BANK, etc. 10. Date of or operation. Other Ceatributery Causes of importance:  14. BIRTHPLACE (city or town) Calculation of the country) Washington occupation Other Ceatributery Causes of importance:  15. MAIDEN NAME ON MEMORY OF Accident, suicide, or homicide? Other occupation occupation occupation of the country of th	6 DATE OF BIRTH (month day and year) ON - 26 - 1839	7/11
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked ot this occupation occupation.  12. BIRTHPLACE (city or town) State or country)  13. NAME  14. BIRTHPLACE (city or town) State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) State or country)  (State or country)  17. INFORMANT  (Address)  Manner of Injury  Mere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury		
8. Trade, profession, or particular kind of work adone, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc.  10. Date deceased last worked et this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURTHPLACE (city or town)  19. Market or country)  19. Whet test confirmed diagnosis?  19. Was there an autopsy?  10. Specify city or town, country and State)  10. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury		The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stee or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  (Address)  (Address)  (Address)  Manner of Injury	8 Trade profession or particular	Date of one of
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury  Other Contributory Causes of importance:  Other Contributory Causes o	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	& aurenda Fibrell Line 1
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury  Other Contributory Causes of importance:  Other Contributory	9-Industry or business in which	
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Other Contributory Causes of importance:  Other Co	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  19. Other Contributory Causes of importance:  Other Contributory Causes of import		
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury  Menner of operation  Neme of operation  Whet test confirmed diagnosis?  Was there an autopsy?  Whete diagnosis?  Was there an autopsy?  Whete diagnosis?  Was there an autopsy?  Whete diagnosis?  Specify or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury  Manner of Injury	year) Occupation Occupation	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Meme of operation  When of operation  Operation  Operation  When of operation  Opera		
Whet test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Other did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Maccident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury		
Whet test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Other did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Maccident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury	13. NAME TOWN I CONTROL	
Whet test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Other did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Maccident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury	14. BIRTHPLACE (city or town) WWW Ville M.	Neme of operation Date of
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Manner of Injury	(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT  (Address)  (Addre	15. MAIDEN NAME Mary a tildatrand	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Manner of Injury	16. BIRTHPLACE (city or town) Alas burg va	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Roman of Injury  18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Blood and A Bland Date Mars 23 1082		Menner of Injury
8.00	Place Locust George Date May 23, 1987	
19. UNDERTAKER 6. 2. Was disease or injury in any way related to occupation of deceesed? 2.0		24. Was disease or injury in any way related to occupation of deceesed?
(Address) Treely swille such If so, specify	(Address) Teedy eville, mil	If so, specify
20. FILED May 21, 19 3 7 Mrs Kasherwin Dogart (Signed) (Signed) Doors Low Wife		2

V. S. No. 1

H. ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 12 - 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2011

V. S. No. 1

1	
BINDING	
FOR	
A	

AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. TION is very important. See instructions on back of certificate. be mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY, ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5725.
1. PLACE OF DEATH	10.00 10.00 10.00 10.00 10.00 10.00
County Washington	Registration Dist. No. 302
Village or City Hage Stown	No. Washington County Hosts 3 Ward
(li Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital of institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Joseph Ecken	of U. S. Veteran, specify WAR
(a) Residence: Not be hamberstone	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widewed, or divorced HUSBAND of (or), WIFE-of	22. I HEREBY CERTIFY, That I attended deceased from
71-717/8/	May 10, 1937, 10, May 19, 1931
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw h_1371 alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Backer SAWYER, BOOKKEEPER, etc.	Tocolor Personal May 1,17
9. Industry or business In which work was dona, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at   11. Total time (years)	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) & hambersburg	Other Contributory Causes of importance:
(State or country)	
13. NAME Edward Eckensode	
13. NAME Edward Eckerrole 14. BIRTHPLACE (city or town) & hambers of the constant of the c	Name of operation Date of
(State of Country)	What tast confirmed diagnosis Cless Evidence Was there an autopsy? Lo
15. MAIDEN NAME May B. Hoffman  16. BIRTHPLACE (city or town) Bhambarbary  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) & Manheestoney	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT COMMAN ACCOUNTS (Address) In the contract of the	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAÇION, OR REMOVAL	Manner of Injury
Place 6 h camberly Date /15 ,1937	Nature of injury
19. UNDERTAKER Robert a. Sellers:	24. Was disease or injury In any way related to occupation of deceased?
- 11 27 Palantitanieno	(Signed) Maket Course M. D.
20. FILED 5 - 14-, 193 / AMAST Registrar.	(Address) Jagestow, Wd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURBAU V. S.			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
2			

WITH UNFADING INK-THIS IS A PERMANENT R. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING properly classified.

should state Exact statement of OCCUPAscord. Every item of infor-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)
County Mashinglim	Registration Dist. No. 30 2
Village or City *** Tragery town Md.	No. 917 Hamillan Gallvard St., 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Georgetta Hell Edmi	
and the state of the state of	If U. S. Veteran, specify WAR
(a) Residence: No. 9/ //////////////////////////////////	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of	A *U
(or) WIFE of Jacob 19, Edwards	22. I HEREBY CERTIEX That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) aug. 13, 1849	I (ast Jaw h. 4 elive on NCM) (1927); death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted ebove, at
87 8 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A.T. A.D.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mum Samos -
Kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)	Min anim securic money
12. BIRTHPLACE (city or town) Sharps lung track to Mis.	Other Contributory Causes of importance:
(Stata or country)	themia
13. NAME July Hell	
13. NAME AND AGELY OF TOWN) A STATE OF THE S	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 1900 Jungery 16. BIRTHPLACE (city or town) V DSW CD. W. J.	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) It asw. Cb. W.d.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or towa, county and State)
17. INFORMANT J. FT. Edword J. Lefaur, Ca.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hay exstour hu Date May A , 193]	Nature of Injury
19. UNDERTAKER A-5. COSS. Man	24. Was disease or injury in an way related to occupation of decaased?
(Address) Hayerstown Jud	If so, specify
20. FILED 5- 3- , 19 37 6 Mass Bowers,	(Signed) M. D.
Registrar.	(Addrass)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No.
Village or City Selg Imantor	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Today & Co.	
(a) Residence: No. Lelohnoculo De Rea	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 14 193
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wast 10 1871	lest saw here alive on Wall 13 1937 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at #20 []
66 - 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bludoleukemea 1/1/09
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month end	///
10. Oate deceased last worked at this occupation (month end year)	
11-18	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Wash Market (State or country) Market (State or country)	50.00
13. NAME ( March 10 mm ment	
14. BIRTHPLACE (city for town) West SA	Name of operation.
(State or country)	What test confirmed diagnosis? Slower New Olas note an au'opsy?
15. MAIDEN NAME Colemon Middle Caref.	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Trask	Accident, suicide, or homicide?Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A OWN COM L CENSSOUN	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Massor Cambif Oate Harp 1-7, 1927	Neture of Injury
19. UNOERTAKER 1. Deel and	24. Was disease or injury In any way related to occupation of deceased?
(Address) / Thay med bottof A	If so, specify
20. FILEO///ay. 17 013/ 4 D Massel	(Signed) MO.
Registrar.	(Address) Willems Forex TVD

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Example	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		***		

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLA

1. PLACE OF DEATH  County Washingtone Go Hasfields of Magistration Dist. No. 902  Village Dr City Washingtone Go Hasfields of Magistration, give its NAME instead of street and number)  Length of residence In city or town where death occurred yrs. mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos.	
Village Dr City Washington Of Hamilton (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residance In city or town where death occurred	
Village Dr City Washington Of Hamilton (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residance In city or town where death occurred	
Length of residance In city or town where death occurred	.ds.
0. 96 10	
2. FULL NAME FLOW TO Goldsware If U.S. Veteran, specify WAR	_
(a) Residence: No. Hagustown R 4 St., Ward.	_
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  **Termale White Warreed**  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (word)  **Termale White Warreed**  (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. IHEREBY CERT f FY, That I attended deceased f (or) WIFE of  23. IMEREBY CERT f FY, That I attended deceased f	rom 7
6. DATE OF BIRTH (month, day, and year) Sefet 2nd 1875   Hot saw he alive on way 27, 1932; death is	sald
7. AGE Years   Months   Days   If LESS than to have occurred on the data stated above, at	
6 / S 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Collows:	
2 Trade profession or particular St.	sat
SAWYER, BOOKKEEPER, etc. House Wefe of Offmull 143	4
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	~~~
kind of work done, as SPINNER, House leefs  SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  year)  11. Total time (years)  spant In this  occupation	
Other Contributory Causer of Importance:	-
12. BIRTHPLACE (city or town)  (State or country)  Tempolary (od FC)	7
13. NAME faith Gearles +	
13. NAME factor Gearless  14. BIRTHPEACE (city or town)  (State or country) France Company  What test confidence of the control of the contro	
what test confirmed magnosis: 5 was there all auropsy:	
16. BIRTHPLACE (city or town)	
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT Caraba & Calabara Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) & a calabara Mad. P. 4	
18. BURIAL, CREMATION, OR REMOVAL  Place Profile Churche Date May 29 , 19 37  Nature of Injury	
19. UNDERTAKER David Martine 24. Was disease or injury In any way related to occupation of deceased? Its (Address) Greenwardle To. If so, specify	-
20. FILED 5-28-, 1937 Chartel occers (Signed) Any Charles Char	1. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

6	item of infor-	should state	of OCCUPA.	1
8	RECORD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	tated EXACTL	roperly classified.	ertificate.
MARGIN RESERVED FOR BINDING	TH UNFADING INK-THIS	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be careful	CAUSE OF DEATH in p	TION is very important.

STATE OF	MARY	LAND-CERT	TIFICATE	OF I	DEATH
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100	My	0	0
J	6	4	J

1.	PLACE OF DEATH				
	County Washing	gton		Registration Dist. N	10. 3/6
	Village or City / eady	snille		No.	St., Ward
	Length of residence in city or town wh	ere death occurred	vrs Z mos	f death occurred in a horpital or institution, give its NAME insteads.  ds. How long in U.S. if of foreign birth?	
2	FULL NAME Om s	2. 6	f.	40.6	ISt
	(a) Residence: No. Keep	2 1 111	amenda	St. Ward.	
	(a) Residence. No	(Usual place	of abode)	St., Ward.  If nonresident give cit.	y or town and State
	PERSONAL AND STATE	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX	male White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  May 23  (Indicate of Death)	3 , 193 7 (Year)
1	married, widowed, or divorced 1U3BAND of (or) WIFE of	m Flo	sk		at I attended deceased from
6. DA	TE OF BIRTH (month, day, and yeer)	Thill n-	1884	Flast sawfer alive on May 23	1937 ; death is said
7. AGI	E Years Months	Days	If LESS than	to have occurred on the dete stated about, at 7.30 P m	
	5-3 /	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of imwere as follows:	
z	8. Trede, profession, or particular	11 0	1	- 1010 2310/1013.	Date of onset
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housekee	ker	- 1 1 1 1 1 1 1	
MA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			leute deletetion of he	and resulting
OCCUPATION	O. Date deceased last worked at	11 Total ti	me (yeers)	from Chronic romocarditis Land	renownsky.
o '	this occupation (month and year)	sper	nt in this pation	Dres greation conge.	
	4	1 00	patron	Other Contributory Causes of Importance:	
12. BI	RTHPLACE (city or town)	just Sus	rul-	- Docensed was Syphilities	
œl.	10	11	/	-	
FATHER	3. NAME	Hugney			
¥ 1	4. BIRTHPLACE (city or town)	cush I	landa	Name of operation	Date of
	(State or country)	md	//	What test confirmed diagnosis?	Was there an autopsy?
MOTHER	5. MAIDEN NAME Mara	tha C	Jines!	23. If death was due to external causes (VIOLENCE) fill in also	the following:
0 1	6. BIRTHPLACE (city or town)	ocust!	June	Accident, suicide, or homicide? Date of	injury, 19
21	(State or country)	mal		Where did injury occur?(Specify city or town, c	16
17. IN	FORMANT Cdware (Address)	L7 Ha	Just .	Specify whether injury occurred in INDUSTRY, in HOME, or	in PUBLIC PLACE.
18. BU	IRIAL, CREMATION, OR REMOVAL	1	upper co.	Manner of injury	
	Place Buskettsmille	ma Date may	26 ,1937	Nature of injury	
10 110	TTO	19		24. Was disease or Injury In any way related to cosupetion of	danaged? ho
19. 00	(Address) Keen	illi Su	1	If so, specify	deceased(
	manife	10 11 9	7 - + .	(Signed) N. U. War	-
20. FII	LED, 195 L.	707	Registrat.	(Address) Brown by	N. U.
-					Manager de polanes anno anno anno

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis JUN 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(000	pilly	9	1
20			
U	10	67	U

1. PLACE OF DEATH		(82:0)	
County Washing	iston	Registration Dist. No. 3	02
Village or City	PARTE CIMPLE OF	No 915 borbett st	3 Ward
Village of ordy	(1	If death occurred in a hospital or institution, give its NAME instead of street an	nd number)
Length of residence in city or town w	where death occurred	s ds. How long in U. S. if of foreign birth?	_mosds.
2. FULL NAME & Ma	trances for	uke If U. S. Veteran, specify WAR	
(a) Residence: No. 9/3	Showbett	St., 3 Ward.	
	(Usual place of abode)	If nonresident give city or town s	
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	<u> </u>
3. SEX 4. COLOR OR RACI	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7
Temale whit	2 Wadow	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	-	22. I HEREBY CERTIFY. That Lattend	ad deserted from
(or) WIFE of Harr	es to	22. I HEREBY CERTIFY That I attend	ed deceased from
	1.0.14 1867	Hast sew blee alive on Mary 19/ 197	; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Mont		to have occurred on the date stated above,	, ucatii is said
/ AdL 16613	1 day,hrs.		
6/1/6	O   Ormin.	were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNE	R. House will	0 1/1/	3/
kind of work done, as SPINNEI SAWYER, BDDKKEFPER, etc 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and		Curry Manney	/2
work was done, as SILK MILL, SAW MILL, BANK, etc.	coun Home		
10. Date deceesed last worked at this occupation (month end	11. Total time (years) spent in this		
year)	occupation	Oh. C. id C	
12. BIRTHPLACE (city or town)	ageistonno	Other Contributory Causes of importance:	
(State or country)	Umd.		
E 13. NAME NOT	Known		
14. BIRTHPLACE (city or town)	18	Name of operation Date of	f
14. BIRTHPLACE (city or town) (Stete or country)	6.5	Whet test confirmed diagnosis?	
15. MAIDEN NAME 220	+ Known &	23. If deeth was due to external causes (VIOL ENCE) fill in also the follow	
Ε.	1	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town)  (State or country)	44 54	Where did injury occur?	, 1
11.00	Ont. Dalling	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC	
17. INFORMANT (Address)	-Da Decingi	openity whether injury occurred in interest in interest, in interest, or in reduction	TERVE.
18. BURIAL, CREMATION, OR REMOVAL	1-1	Manner of injury	
Place Hagarate	24. Date / 2. 2. , 19.3	Nature of Injury	
P. 121	Suite & S	24. Was disease or injury in any wey related to occupation of deceased?	Zev
19. UNDERTAKER (Address)	and the same	If so, specify	
5-22 29	6441113	(Signed)	M. D.
20. FILED D - 22 , 193/	Chart Cover	(Address)	Fred M. D.
	Ackistrar.	(11001030)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 7 1930	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones		Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER STATEMENTS	BY	PHYSICIAN
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V.S. No.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	5731
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1. PLACE OF DEATH	(210-27)
County Washington	Registration Dist. No. 24 306
Village or City Usua and I	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 7 Clus de (Usual place of abode)	St., Ward. Waynesbow Pennso,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  May  (Month)  (Dey)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, dey, and yeer)  7. AGE  Yeers  Months  3. If LESS then 1 dey,hrs. ormin.  8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and 137 cocupation)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)	I lest saw h alive on 19 death is said to heve occurred on the dete stated above, et m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  Date of onset  The cause of the was loved the the w
[Stete or country]	Neme of operation Date of
	Whet test confirmed diagnosis? Wes there an eutopsy? <b>PLO</b>
15. MAIDEN NAME Access to work.  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL June 19 19 17	23. If death was due to externel ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Occasional Date of injury May 2319.37.  Where did injury occur? An Respect Mudvale Noad  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Our Public highway  Manner of injury Aball fracture.
19. UNDERTAKER Walter Grove (Address) Wayned Do Perus 20. FILED My 21, 1937 1. W. Leigus and Registrar.	24. Wes disease or injury In eny wey releted to occupetion of deccesed?  If so, specify  (Signed) W. B. Bleaswaw  (Address) Smithsburg md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V S.	July 5, 1927	Peritonitis	3 days ago
Othor contributors of i	*		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5/32
1. PLACE OF DEATH	[31)
County Washington	Registration Dist. No. 302
VNiage or City Hugeistown	NoW ashington bounty took ? Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara daath occurred	nosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Edward to Talla	ghe If U. S. Veteran, specify WAR
(a) Residence: No. Traddlesburg, Will	St., Ward.
(Usual place of Boode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF BEATH 5 / 25 193 7
mare where marries	(Month) (Day) (Yaer)
ia. If married, widowed, or divorcad HUSBANO of	22.   HEREBY CERTIFY, Thet i attended deceased for
(or) WIFE of Manue S.	Jan / 1937, to 5/2 40 193
5. DATE OF BIRTH (month, day, and year) Select. 17- 187	I last saw h see elive on 5/24 ,1937; death is s
AGE Years Months Deys If LESS than	to have occurred on the date steted above, et_10.0.m.
62 8 1 dey,hr	The FAINCE CAUSE OF DEATH and landed causes of importance
8 Trada profession or particular	Out of the control of
kind of work dona, as SPINNER Care Care SAWYER, BOOKKEEPER, etc.	Myo Carditio - ?
Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, atc	- Climic rephitio ?
11. Total tima (yaars) this occupetion (month end spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Tagellyour	
(Stata or country)	<i>a</i>
13. NAME Desgamen J. Gallagh	2
13. NAME Senjamus F. Hallagh  14. BIRTHPLACE (city or town) Ha genstown	Neme of operation
(Steta or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Caroline Garlos	23. If daath was due to external causes (YIOLENCE) fill in elso-the following:
16. BIRTHPLACE (city or town) Burney Of State or country)	Accidant, suicide, or homicide? Dete of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Frank Fallagher	Spacify whether Injury occurred in iNOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hagerslown, mo	<u>(                                    </u>
18. BURIAL, CREMATION, OR REMOVAL.	Menner of injury
Place Tagerstown Oata La 19.2	Nature of injury
19. UNDERTAKER & M. Sulee 85 ons	24. Was disaase or injury In any way related to occupation of deceasad?
(Address) Hageistown, mo	If so, specify
20 FILED 5 - 28 - 1937 Duastisoceer	(Signad) Our Pulleten
Revietrar	(Address)

V. S. No. 1

N. B.-WRITE PLAINLY,

should state

PHYSICIANS

AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1831	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5733
1. PLACE OF DEATH	(3)
county Wash: naton	Registration Dist. No. 302
Village or City Haa ex Stown	No. 10 no mul berry st. 3 Ward
(1	f death occurred in a horpitel or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas H Gallou	ay If U. S. Veteran, specify WAR
(a) Residence: No. 10 Mo, Mulberry	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of  (O Le 4	22.   HEREBY CERTIFY, That I attanded decased from
6. DATE OF BIRTH (month, day, and year) Au, vi 1-1874	I last saw h alive on Open 30 1957; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at A. H.
63 — 27. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Trade profession or particular	This death was not due to tubersulosis! Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at	mital Stenorio. E quesa 211/37
(S) Industry or businass in which work was done, as SiLK MILL, SAW MILL, BANK, etc	Condiac Decomponation 7
SAW MILL, BANK, etc	Chronic Introtilial respection
this occupation (month and year)	Pulmonary hemorahage was due to mitral stamous.
Fc 11 a	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1. (1. Ym. U.1. 11. e. (Stata or country) 0/10; 0.	I solmonary Ammorhage 4/23/
	Hamuptypis, one week a active homerhage, twenty
13. NAME John Gallowae	Name of operation ?
(State or country)	What test confirmed diagnosis?   What test confirmed diagnosis?   What test confirmed diagnosis?
IS. MAIDEN NAMEN Caggie Case	23. If daath was dua to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Maggie Case	Accidant, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT MYS T. H. Galloway (Address) Haner Stown with	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place De and Cul UnDate May 4, 193	Nature of injury
19. UNDERTAKER 17. K. Ca SS-man	24. Was disease or injury In any way related to occupation of daceased?
(Addrass) Hagerstown, Jul	if so, spacify TODA IN
20. FILED 5-3-, 1937 6/105/1/30ev Nr.S., Registrar.	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	CIAN	PHYSI	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
-----------------------------------------------------	------	-------	----	------------	---------	-----	-------	------------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	117-0
County Washington Pounty	Registration Dist. No. 302
Village or City Hegerstown	ND. 216 24 Social Man St., 5 Ward death occurred in a hospital or inspitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	
2. FULL NAMPLOWAS Littlely Treus	Cloins It U. S. Veteran, specify WAR World War letran
(a) Residence: No. 216 montathas	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  The Source 1921	22. I HEREBY CERTIFY, That I ettanded deceased from
6. DATE OF BIRTH (month, day, and year) afril 9 - 1801	I last saw hour elive on 1927, to 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date steted above, at 9. 2000.
36 0 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	were as follows:  Tusto Culcos  Date of onset  Taylor
SAWYER, BDDKKEEPER, etc	aluli Sudo Gendi ti, Froder
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked, at this occupation (month and year)  11. Total time (years)  7 spent in this occupation	
12. BIRTHPLACE (city or town) Charleston Ma	Dther Contributory Causes of Importance:
(State or country)	Trave
13. NAME / Source  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME MOLLING POLICE	Whet tast confirmed diagnosis? Wes there an autopsy?  23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Anad les la	Accident, suicida, or homicide? Date of Injury19
State or country)	Where did injury occur?
17. INFORMANT George Burlee	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DE REMOVALT	Manner of injury
Place of horpe bury Paled 5-4 1937	Nature of injury
19. UNDERTAKER IN PULL DIVEL	24. Was disease or injury in any way related to occupation of deceesad?
(Addrass)	If so, spacify
20. FILED 5-9- 1937 Mast Bowers	(Signed) M. D.
Registrar.	(Address) Ha priston ned

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of indornance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		18 8 11		

V. S. No. 1

I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
IIS	pe	pe	of
WRITE PLANLY, WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TON is your important Soo instructions on hack of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5736
1. PLACE OF DEATH	(126)
County Washington	Registration Dist. No. 30 2
Village or City Hageistown	No. W ashington boundy 15th 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Clara & Green	If U. S. Veteran, specify WAR
(a) Residence: No. 1/8 Fairground (Ustal place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) Milliam of William of	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar-2-1872	I last saw base aliva on 5 - 25 - , 1977; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
65 2 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Hause work SAWYER, BOOKKEEPER, etc.	Cerebref Emble Barthon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and	Chalestan 144
Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	The cholesystectomy was performed for
Bannarack	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Civilate
13. NAME William Bernard	
13. NAME William Bernard  14. BIRTHPLACE (city or town) Berlyn  (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AMAG. Shownas  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) 300	Accidant, sulcide, or homicide? Date of injury
111 C1 Oct	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MAS Edura Moyenson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Hagelinoun Date /29,1931	Nature of Injury
19. UNDERTAKER 6- M. Sulu 78005	24. Was disease or injury in any way related to occupation of daceased?
(Address) Hagerston, 20	If so, specify
20. FILED 1 25 -, 1931 Af Mart Bowles Registrar.	(Address) A January 1020

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related eques of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MASSAU			44.	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

(Day)

The PRINCIPAL CAUSE OF DEATH end related causes of importance Oate of onset ..... Was there an autopsy?. 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Wes disease or injury in any way related to occupation of deceased? (Address) \_\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IS BY PHYSICIAN	STATEMENTS :	FURTHER	FOR	SPACE	ADDITIONAL
-----------------------------------------------------	-----------------	--------------	---------	-----	-------	------------

Q V. S. No. 1

1. PLACE OF DEATH		160-01
county VVashina	ton	Registration Dist. No. 302
Village or City Harge vs	TOUM	No. VVash CaHospo tal St., 3 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES	m Buly Basc. H	axback If U. S. Veteran, specify WAR
(a) Residence: No.773 Sp	Potomal St (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	,	22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	au 3- 1937.	l last saw beautiful alive on 3 - 4 - 1937 death is said
7. AGE Years Months	Oeys If LESS than	to have occurred on the date stated above, at $4^2$ Cm.
	1 day,hrs.	were as fellowed
8. Trade, profession, or particular	, , , , , , , , , , , , , , , , , , ,	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lune	Casseren Section
9. Industry or business in which		resorted
work was done, as SILK MILL, SAW MILL, BANK, etc.	1	Ta .
- Ins occupation (month and	11. Total time (yeers) spent in this	breaux of
year) occupation		Other Contributory Causes of Importance.
12. BIRTHPLACE (city or town) Haace CY Stown		Placeate Pring
(State or country)	ued.	
13. NAME & Carries C. H	lar baugh.	
14. BIRTHPLACE (city or town) 12 QQ	exstoun. W	Name of operation Date of
(State of Country)	md	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Merule	Sungler.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Thurse Sunder.  16. BIRTHPLACE (city or town) Kyle dynamics.  (State or country)		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT QUES C. (Address) HC C C C	Harrange	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	J. Oate May 4 , 19 7.	Manner of injury
19. UNDERTAKER (-) KOUNTE	four les	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. 5/4/ 1937-1	Registrar.	(Signed) The Constitution of M. C. (Address) The Constitution of M. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1 937	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis	1921	Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

Carrie Civilla	assified. Exact statement of OCCUPA-		
-	ly cla	ate.	
1	proper	certifica	
	be	Jo	
and the state of t	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

LWRITE PLA

V. S. No. 1

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH				(31)	-
County Washington Village or City Hagerstown			(16	Registration Dist. No.  No.Washington County Hospital 3  death occurred in a hospital or institution, give its NAME instead of street and number	()
			O_yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	ME Elias B.			If U. S. Veteran, specify WAR	
	nce: No. 119 Eas	(Usual place	of abode)	St., 4 Ward.  If nonresident give city or lown and State	
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Male	White	or Divorced Marrie	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  May 24, (Day) (193)	7 (ear)
5a. If married, wido HUSBAND of (or) WIFE of		K. Hart	le	22. 4 / 15 HEREBY CERTIFY. That I attended deceas	
	(month, day, end yeer)  ars Months  68 1	March 31 Deys 24	, 1869 If LESS than 1 dey,hrs.	to have occurred on the dete steted above, et 6:25A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	h is said
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc Attorney at Law 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)			me (years) t in this	Hypertunnif Cardio Ungular Road IIII  Birease with uraning  Other Contributory Causes of Importence:  Time	ckum
14. BIRTHPLACE (city or town) Washington County (State or country) Md.			County	Name of operation Wall Date of What test confirmed diagnosis? Cluud Was there en au'opsy	n No
15. MAIDEN NAME Emma Brumbaugh  16. BIRTHPLACE (city or town) Washington County  (Stete or country) Md.  17. INFORMANT Mrs. Nettie K. Hartle				23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	9
(Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL  Place Hagerstown, Md. Date May 26, 1937				Menner of injury	
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Maryland.			ad.	24. Was disease or Injury In any way related to occupation of deceased? At a	
20. FILED 5 - 26, 1937 MANA Registrar.				(Signed) I husby  (Address) 170 W mg/ti / tayuntum My	/_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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Example		Example II	
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Arteriosclerosis P	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

Date of onset

(Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Comback homographics	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Well I

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D. Parther

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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5 1	Jo
IVI	item
	Every
	e

OCCUPA-

pluods Jo

PHYSICIANS

Exact statement EXACTLY IS A PERMANENT classified. certificate. properly See instructions on back so that it may supplied. CAUSE OF DEATH in plain terms, mation should be carefully TION is very important. WRITE PLA

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	(31)
County L. Lander	Registration Dist. No. 305
Village or City	NDSt.,Ward
Langth of rasidance in city or town whera death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
m 1011 21	4 11
2. FULL NAME I largaret cleu D	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Month) (Jay) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	1
(or) WIFE of Joseph Datall	1 HEREBY/CERTIFY, Thet I attended decased from
53 L 26- 197A	i last sawhale allya on many 799 1 1937; death is safe
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months ays tf LESS than	to have occurred on the dete stated above at 631000 m.
(67 3 3 1 day,hrs	The RINGE AL CAOSE OF BEATH and Totaled Educes of Importance
9 Trade profession or portionler	Green (Corner Strains)
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decaased last worked at this occurrentian (month end	
O this occupetion (month end spent in this occupation	<b>a</b>
- 110 t	Other Contributary Causes of Importance:
12. BtRTHPLACE (city or town) (State or country)	Chrocke Ilp This
13. NAME SOLAR O Share ake	
14. BIRTHPLACE (city or town)	Nama of operation
(State or country)	What tast confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME & Qualita alexander	23. if death was due to external causes (VIDL ENCE) fill in elso tha following:
15. MAIDEN NAME Chill alegander  16. BIRTHPLACE (city or town). The delication of the country)	Accident, suicide, or homicide? Date of injury,19
E (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Tomak Hutell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Boules R2.	
18. BURIAL, CREMATION OF REMOVAL  Place The Description of Removal Date May 3 (9, 1937)	Menner of Injury
Place Published Int. Date May 15 [1., 193]	70.4
19. UNDERTAKEN DO ON TOM	24. Was disease or injury in eny way related to occupation of deceased?
(Addrass)	If so, specify (Signed)
20. FILED May 3.12, 1937 W. J. Can	(Signed) A white the state of the M. D.
Kegonar.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATIETIO8CIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# F MARYLAND—CERTIFICATE OF DEATH

A-	STATE O
A sta	1. PLACE OF DEATH
E P DO	County Washing
Every item of CIANS should cement of OCC	Village or City Hagery
NS NS	Length of residence In city octown where de
Eve IAI	2. FULL NAME
KECORD, Every . PHYSICIANS Exact statement	(a) Residence: No. 300 72 c.
ac H E	PERSONAL AND STATISTIC
	3. SEX 4. COLOR OR RACE
T. T.	temale Colored
FOR BINDING IS A PERMANENT stated EXACTLY properly classified.	5a. If merried, widowed, or divorced from the HUSBAND of (or) WIFE of
IND RMA X A class	e second he
BI PEI E Iy	6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months
FOR BIS A PE stated E properly certificate	7. AGE FEETS MORRIES
	8. Trade, profession, or perticuler
ED HIS be be of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.
RV]	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc
INI INI Sh I it	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc
RES NG I AGE that	yeer)
IN RESTONING IN AGE , so that uctions of	I2. BIRTHPLACE (city or town)
RG NF/ plie rms nstr	13. NAME OSOPHOO, L
s in see	13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. (Stete or country)
rully rt.	IS. MAIDEN NAME
LY, WITH carefully TH in pla	15. MAIDEN NAME (city or town)  (Stete or country)
PLAINLY, WI hould be careful OF DEATH in perent wery important.	17. INFORMANT Solve Hellor (Address) Washing
	18. BURIAL, CREMATION, OR REMOVAL
WRITE mation s CAUSE TION is	19. UNDERTAKER (Address)
N. B.	20. FILED 5 -6- ,1937 (SNC)

7. AGE Yeers Months Days If LESS then I dey,hrs. ormin.  8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and yeer)	1. PLACE OF DEATH	(3))		
Length of residence in city ox lown where death occurred.  1. SET HELL NAME  (a) Residence: No. 3.0.0 M. (Usus place of abode)  (b) Ward.  (a) Residence: No. 3.0.0 M. (Usus place of abode)  (b) Ward.  (b) Ward.  (c) Ward.  (c) Ward.  (d) Marcinet give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (c) COLOR OR RACE  (c) S. SINCLE, MARRIED, WIDOWED.  (d) Will of or divorced from the wordy  (d) Will of the wordy or divorced from the wordy  (d) Will of the wordy or divorced from the wordy  (d) Will of the word or divorced from the wordy  (d) Will of the word or divorced from the wordy  (d) Will of the wordy or divorced from the wordy  (d) Will of the wordy or divorced from the wordy or divorced on the deterties tested ebove, at. 7 L.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance:  (State or country)  (State or count	County Washington.	Registration Dist. No.		
Length of residence in city octown where death occurred.  2. FULL NAME  (a) Residence: No. 30 March 10	Village or City Hagerystown	No. 300 la Jouathan St., S Ward		
2. FULL NAME  (a) Residence: No. 3.2.17.4.5.10.10.10.10.10.10.10.10.10.10.10.10.10.	Length of residence in city octown where death occurred			
(a) Residence: No. 30.0 M. (Usus) place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED	m \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
PERSONAL AND STATISTICAL PARTICULARS  3, EX  4. COLOR 9R RACE  5. SINCE, MARRIED, WIDOWED, OR DIVORCED (write the world)  5. If merried, widowed, or divorced fruch trustrance Buttors  (or) WIFE of  6. DATE OF BIRTH (month, dev, and yeer)  7. AGE  Yeers  Months  Days  1 It LESS then Idey, not generated to the world of world done, as SPINNER, SAW MILL, BARK, etc.  10. Date Geased lest worked at this occupation (month) and yeer in links occupation (month) and yeer in links occupation (month) and yeer as publicated and yeer as publicated as yeers as publicated as yeers as yellows.  10. Date Geased lest worked at this occupation (month) and yeer as yellows.  11. Total time (years) spent in links occupation (month) and yeer as yellows.  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT Accident, suicides, or homicide?  Date of Injury.  18. BURTHALC, CREMATION, OR REMOVAL  Manner of Injury.				
3. SEX  4. COLOR OR RACE OR DIVORCED (waite the world) OR DIVORCED	(Usual place of abode)			
Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or divorced for the following:  Sa. If merried, widowed, or homicide?  Specify whether injury occurred in InDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Manner of injury.  Manner of injury.  Manner of injury.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
55. If merried, widowed, or divorced was husbrand. Butter (or) WIFE of Second husbrand. Underson Cornell Second History. Underson Cornell Second His	OR DIVORCED (write the word)	Blay 193		
6. DATE OF BIRTH (month, dey, and yeer)  7. AGE  Yeers  Months  Days  II LESS then 1 deyhts. ormin.  SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPE, etc. 10. Date deceased lest worked at hyperbolic country)  SPENTHPLACE (city or town) (State or country)  Way  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  Where did Injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE.  Where solid genosis?  Where test confirmed diagnosis?  Where signifyer of the same distribution of the same distribution of the dete steted ebove, at	HIII COAND			
7. AGE Yeers Months Days II LESS then 1 dey	(or) WIFE of	The state of the s		
Samura   S	6. DATE OF BIRTH (month, dey, and yeer) horr, 11-1882	I last saw h. e. elive on		
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  December 19. Date of Injury  Manner of Injury				
S. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and yeer).  12. BIRTHPLACE (city or town). (State or country)  13. NAME  14. BIRTHPLACE (city or town). (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). (Stete or country)  17. INFORMANT (Stete or country)  18. BIRTHPLACE (city or town). (Stete or country)  19. Where did Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of Injury.		ware se followe:		
SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and yeer)  11. Total time (years) spent in this occupation (month and yeer)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Stete or country)  18. BURIAL, CREMATION, OR REMOVAL  Please  Manner of Injury	8. Trade, profession, or perticular	- Chronic Indo Cardiles		
SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and yeer).  11. Total time (years) spent in this occupation (month and yeer).  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Stete or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manner of Injury  Manne	SAWYER, BOOKKEEPER, etc.	Chronic nephonitis		
10. Date deceased lest worked at this occupation (month and years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Stete or country)  18. BURIAL, CREMATION, OR REMOVAL  Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury (Manner of injury)	9. Industry or business In which work was done, as SILK MILL,	Chunic Enstro-Estrity		
Other Contributory Causes of importance:   12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc			
Other Contributory Causes of importance:    12. BIRTHPLACE (city or town)				
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  19. Mama of operation  Nama of operation  Whet test confirmed diagnosis?  Wes there an autopsy?  Whete st confirmed diagnosis?  Wes there an autopsy?  Whete test confirmed diagnosis?  Wes there an autopsy?  Whete diagnosis?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury  Manner of Injury	140 11877 Tanna 14	Other Contributory Causes of importance:		
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURTAL, CREMATION, OR REMOVAL  (Address)  Mama of operation  (Whet test confirmed diagnosis?  Westhere an autopsy?  (Whet test confirmed diagnosis?  Whet test confirmed diagnosis?		J		
Whet test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  Whet test confirmed diagnosis? Wes there an autopsy?  Accident, suicide, or homicide? Date of Injury, 19  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		4		
Whet test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Stete or country)  17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Place of Country What 5 - 6 103 7	II IS. NAME			
Whet test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Stete or country)  17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Place of Country What 5 - 6 103 7	4 14. BIRTHPLACE (city or town)	Nama of operation		
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manner of Injury  Manner of Injury	(State or country)	Whet test confirmed diegnosis? Wes there an autopsy?		
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manner of Injury  Manner of Injury	I 15. MAIDEN NAME CONTROL COSTO	23. If deeth was due to external causes (VIOLENCE) fill in also the following:		
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manner of Injury  Manner of Injury	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19		
17. INFORMANT Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manner of Injury  Manner of Injury	(State or country)			
Place Hagarpary, Marie 5 - 6 - 1037 Wallet VI Marie VI Ma		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Plece Date 3	11	Manner of Injury		
	Plece Date 5	Nature of Injury		
19. UNDERTAKER (Address) 24. Was disease or injury in any wey related to occupetion of deceased?  If so, specify				
20. FILED 5 6 1937 Chasff, Sowers (Signed) Color Duulle 1				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	10
The principal cause of death and related cause of importance were as follows:	0	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		Run over by street car	1 week ago
Cerebral hemorrhage 1931	July 5,1927	Peritonitis	3 days ago
HIREAU V.	S.		`
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PL

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

5745

sta UP.	1. PLACE OF DEATH	92-0
	county Washington	Registration Dist. No. 30 2
hould OCC	Village or City LONG Q C YS TO W -	No. 116 Way Side A & St., 4 Ward
sh of	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurred Syrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Charles E Kaylor	If U. S. Veteran, specify WAR
D. SIC tat	(a) Residence: No. 116 Ucuside 7.	rst., H Ward.
HY HY t s	(Usual place of abode)	If nonresident give city or town and State
REECT PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
TL TE	Male White Widower	(Mon)h) (Day) (Yeer)
CTCT	5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
MANEN A C T I assified	(or) WIFE of Naucy	May 1 - 1937 to May 17 1937
ERY EX Cl	6. DATE OF BIRTH (month, day, and year) 25 1853	I last saw h. ex alive on may 17 1937: deeth is seid
PI d H	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et . 7 m.
IS A PE stated E properly certificate	ХЦ \ ЭЦ 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
st st pr pr cer	8. Trade, profession, or particular	were es follows: Chryma C Sudocarde o Date of onset
HIS be be of	SAWYER, BOOKKEEPER, etc.	Chun & Born Ch: 4:
ould may back	kind of work done, as SPINNER, leacher SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, es SILK MILL, Relation of the work wes done, es SILK MILL, Relation of the work wes done, es SILK MILL, Relation of the work wes done, es SILK MILL, Relation of the work west done, es SILK MILL, Relation of the work west done, es SILK MILL, Relation of the work west done, es SILK MILL, Relation of the work west done, es SILK MILL, Relation of the work west done, es SILK MILL, Relation of the work west done, es SILK MILL, Relation of the work done, es SILK MILL, Relation of the work done, es SILK MILL, Relation of the work west done, es SILK MILL, Relation of the work done, es	
	SAW MILL, BANK, etc.	
-	11. Total time (years) this eccupetion (month and spent in this	
VG I AGE that ons	year) cury cury occupation 3111/8	Other Contributory Causes of importance:
NFADING pplied. AGl erms, so tha instructions	12. BIRTHPLACE (city or town) Deaver Creek	
ied.	(State or country)	
UNFA supplied n terms, ee instru	13. NAME Cyrus VS. Kaylor.	
	7 14. BIRTHPLACE (city or town) 13 lane Seel	Name of operation
T to	(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
WITI efully in pla ant.	# 15. MAIDEN NAME Catherine Conrael	23. If death was due to external causes (VIOLENCE) fill in also the following:
2.	o 16. BIRTHPLACE (city or town) Y Deaver, Ville	Accident, suicide, or homicide? Date of Injury, 19
Id be car DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
ADG	17. INFORMANT VULSS VMary Kaup	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D	(Address) Hagenston my	
	Place J. A. A. C. L. Date LLC 120, 19.37	Manner of injury
WRITE PLIATION Shoul AUSE OF TON is ver	Place 4 Date Date Date 120, 19-2	Nature of injury
WRITE mation s CAUSE TION is	19. UNOERTAKER (-) · 17. Wiffuau	24. Was disease or injury in any way related to occupation of deceased?
m m	(Address) Hagelplan	If so, specify
5	20. FILED 9-19-190 / Shalf Course	(Signed) / · Via Olllloga M. D.
17.	Registrar.	(Address)
chrhus	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
INCREASE.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------------------------------	------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. (Charles-Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1334 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS

Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

-WRITE PL

8 ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 5747
1. PLACE OF DEATH	
County Wash.	Registration Dist. No. 304
Village or City Hammele, Mil	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Still Bonn	. Xeiller
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Ofileton - May 5 , 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
	May 5 ,1937, to May 5 , 19.37
6. DATE OF BIRTH (month, day, and year) May	I last saw h elive on, 19; death is said
7. AGE Yeers Months Days II LESS than	to have occurred on the date stated above, et
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
2 Trade profession or partiaular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed lest worked et this occupation (month and	mother Luclie
10. Date decessed lest worked et this occupation (month and year)	
12. BIRTIPLACE (city or town) Haucocy (5 74)	Other Contributory Causes of importance:
(Stete or country)	stand John 1 two Positive
14. BIRTHPLACE (city otown) Warfordsburg Pa	Bland wasserman tisto
14. BIRTHPLACE (city of town) Westordson Pa	Name of operation Date of
(State of country) 4 man	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gillian Evelly Niola, apple	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
E (State or country)	Where did injury occur?
17. INFORMANT Synther (Address) House and Co.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place June och Sw. Date J. J. 193	Neture of injury
19. UNDERTAKER LETTY Elward / Ceffry (Address)	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED 1 / J. 1937 2 P Jessel Registrar.	(Signed) Affently M. D.  (Address) Kannock M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death of importance were as follow	and related eauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN 7 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	23)
ould OCCI	Village or City Traggered ville Ma	Registration Dist. No. 31/6
she of		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 +	Length of residence in city or town where death occurredyrs	
Every CIANS tement	2. FULL NAME MUNILLY Maria &	Awd
RECORD. PHYSIC Exact stat	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	Jenuals White 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH May 26 ,193 7 (Month) (Day) (Vigar)
MANEN A C T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jufson & Rawis	22. HEREBY CERTIFY, That I attended deceased from
CX X	1 1000 1000	100000000000000000000000000000000000000
0	6. DATE OF BIRTH (mohth, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130 mm,
IS A I stated properlifical	1 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS sta pro pro	O C Total of Control o	were as follows:
IIS be be of o	8. Trade, profession, or particular kind of work done, as SPINNER. House Mark SAWYER, BOOKKEEPER, etc.	Thomas Rulmanan
<b>H</b>		I I was a la
VK—T] should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	Jany,
Sh sh t it on	9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
NFADING I oplied. AGE erms, so that instructions of	Total as had	Other Contributory Causes of Importance:
DII so icti	12. BIRTHPLACE (city or town)	
FA] ied.		Dunkon Trysond
UNFA supplied a terms, ee instru	13. NAME WAS NOW'S  14. BIRTHPLACE (city or town). Lucknown.	a deve fra
H U sul	14. BIRTHPLACE (city or town)	Name of operation Date of
TH ly st lain See	(State of country)	What test confirmed diagnosis? Was there an autopsy?
WITH fully n pla nt.	15. MAIDEN NAME Malida Calaman  16. BIRTHPLACE (city or topped years)	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be carefu EATH in I	5 16. BIRTHPLACE (city or town by rag o mal	Accident, suicide, or homicide? Date of injury, 19
ATT OD	State or country) Your Co	Where did injury occur?
ABOV	17. INFORMANT Son Expression Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-3 70	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
	Place in E Briat Date 5 = 24,1987	Nature of Injury
mation s CAUSE TION is	19. UNDERTAKER S. R. S. L.	24. Was disease or injury in any way related to occupation of deceased?
	(Address) ( All All All All All All All All All A	If so, specify
ż	20. FILED May 21, 1931 J Not Vectory Registrar.	(Address) Sharpshurg, Jul.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 36

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.-The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related can of importance were as follows:  Arteriosclerosis   RECEIVE	Ses Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU Y.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

in	1. PLACE OF DEATH	307	
tem of in should st f OCCUI	County Nashunglon	Registration Dist. No. 250	V
shor of O	Village or City Hage to town (If	death occurred in a hospital or institution, give its NAME instead of street and number)	/ard
	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign blrth?yrsmos	_ds.
Every CIANS tement	2. FULL NAME Ena may Lewis	If U. S. Veteran, specify WAR	
RD. Every YSICIANS statement	(a) Residence: No. 665 Forest Drive	St., Ward.  If nonresident give gity or town and State	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
RECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 7	
HX	Femule Colored OR DIYORCED (write the word)	(Month) (Dey) (Year)	·
RMANEN X A C T I classified.	5a. If married, widowed, or divorced HUSBANO of	224 I HEREBY CERTIFY, That I attended deceased in	from
MA A ass	(or) WIFE of	may 5 19.37, to Mr my 14, 19 i	7
	6. DATE OF BIRTH (month, day, end year) Feb 27-1876	I last saw h. Salive on 11 ing 13, 1937; deeth is	said
	7. AGE Yeers Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at P. JAA.m.	
IS A I stated properl	6/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Oatoofor	nset
be i	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cat O	
<b>A</b>	9-Industry or business in which	of free	
	O C		
H 10 40	11. Totel time (yeers) this occupation (month end yeer) spent in this yeer)		
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Hagerslown,	Other Contributory Causes of Importance:	
ADJ ed. s, se	(State or country)	1,7,2	
UNFA supplied n terms, ee instr	13. NAME Hewry Kel		
sul sul n t	13. NAME HELVEY SELLENGE (City or town) ST Junes And State of Contract of the State of Contract of the State	Name of operation Dete of	
H 12 12	(State of country)	Whet test confirmed diagnosis?	
INLY, WIT) be carefully EATH in pla important.		23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?	
LY Ca TTH Por	State or country)		
d be car DEATH y import	17. INFORMANT Nausie / Lee	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
E PLA Should OF D	(Address) 665 Forrest Drewe		
	18. BURIAL, CREMATION, OR REMOVAL PIece Deschill Date 5 - 17 19 37	Menner of injury	
mation CAUSH TION	Im la Colmect	Nature of Injury	
FEDE	19. UNDERTAKER 121 to accept the (Address) 24 a gristown Ma	24. Was disease or injury In any wey releted to occupation of deceased?	
B	20 FILED 5-17 - 19 32 Blast & Bowers	(Signed) (Signed) (Signed)	M. D
Z	Registrar.	(Address) Mages of vin 7	10

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUN 133.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	i i i i	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate, FOR BINDING MARGIN RESERVED

V. S. No. 1

Length of residence in city of the whore death occurred.  Length of residence in city of the whore death occurred.  Length of residence in city of the whore death occurred.  Length of residence in city of the whore death occurred.  Length of residence in city of the whore death occurred.  Length of residence in city of the whore death occurred.  Length of residence in city of the whole of the length of th	STATE OF MARYLAN	ID—CERTIFICATE OF DEATH
Village or City Coganistic No.  Length of residence in city or 1959 where death occurred.  2. FULL NAME  (a) Residence: No.  Culual place of abode)  PERSONAL AND STATISTICAL ARS  3. SEX  4. COLOR OR RACE  S. SINCER, MARRIED, WIDOWED, OR PACE  OR PHYSICAL OR OF RACE  S. SINCER, MARRIED, WIDOWED, OR PACE  OF OR PHYSICAL OR OF THE COLOR OF THE	Markey Inc	(47)
Length of residence in city or form where death occurred.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  (Isour pl		No Wash Co. Hossital St 3 War
2. FULL NAME  (a) Residence: No. Agen At St., Ward.  (b) St., Ward.  (b) If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  (b) S. SINGLE, MARKED, WIDNESS Furtire the world)  5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of  6. DATE OF BIRTH (month, day, and year) Agent Ag	Length of residence in city or town where death occurred 26 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR BY VORGED from the world OR BY VORGED from the world O(07) WIFE of  5. SINGLE, MARRIED, WIDOWED, OR BY VORGED from the world O(07) WIFE of  6. DATE OF DEATH  2. I HER EBY CERTIFY, That I ettended deceased HUSBAND of (07) WIFE of  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  2. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: SAWYER, BOOKKEPER, etc. from Wick work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupetion (month and year)  SAW MILL, BANK, etc.  11. Total time (years) spent in this occupetion (month and year)  STATE OF BIRTH (month, day, and year)  MEDICAL CERTIFICATE OF DEATH  22. I HER EBY CERTIFY, That I ettended deceased to have occurred on the date stated above, at 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  Date of the date stated above, at 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  SAWYER, BOOKKEPER, etc. from Windows Accounts of the principal day of the date stated above, at 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  Date of the date stated above, at 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of the date stated above, at 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  Date of the date stated above, at 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  Date of the date stated above, at 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of the da	(a) Residence: No. Edgement	orgnecky
3. SEX    4. COLOR OR RACE   S. SINGLE, MARRHED, WIDOWED, OR DYORGES Jurine the world)   5a. If married, widowed, or divorced HUSBAND or (Or) WIFE of   193 (Year HUSBAND or (Or) WIFE of   194 (Month) (Day) (Year HUSBAND or (Or) WIFE of   194 (Month) (Day) (Year HUSBAND or (Or) WIFE of   194 (Month) (Day) (Year HUSBAND or (North) (Asy, and year) (Day)   11st saw h slive on , 19 (death is 194 (Month) (Day) (Year HUSBAND or (Month) (Day) (North Or) (Day) (Year HUSBAND or (Month) (North Or) (Day) (North Or) (Day) (North Or) (Day) (North Or)		
Male White Sharpers runic the word)  5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of  6. DATE OF BIRTH (month, day, and year) Aug 23 - 1909  6. DATE OF BIRTH (month, day, and year) Aug 23 - 1909  7. AGE Years Months Days If LESS than Iday, hrs. or min.  2 1 Itals saw h. alive on. 19 to		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Aug 23 - 1909  7. AGE Years Months Days If LESS than I day, hrs. or min.  27 S 29 Iday, hrs. or min.  8. Trede, profession, or particular kind of work done, es SPINNER, Office Warder.  9. Industry or business in which work was done, as SPINNER, SAW MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupetion (month and year) spent in this occupetion (month and year) occupetion (State or country)  12. BIRTHPLACE (city or town) Maryland.  13. NAME Julia A. Janguaher.  14. BIRTHPLACE (city or town) Maryland.  15. MAIDEN NAME Mae G. Date Leavinger.  16. BIRTHPLACE (city or town) Maryland.  16. BIRTHPLACE (city or town) Maryland.  17. MAIDEN NAME Mae G. Date Leavinger.  18. MAIDEN NAME Mae G. Date Leavinger.  19. 10 death is to have occurred on the date stated above, at 1.5 O m.  19. 11 isat saw h alive on.  19. 10 death is to have occurred on the date stated above, at 1.5 O m.  10. Date of this occupetion of month and related causes of importance were as follows:  10. Date deceased last worked et this occupetion (month and spent in this occupetion (month and year).  12. BIRTHPLACE (city or town) Maryland.  13. NAME Julia Saw h alive on.  14. BIRTHPLACE (city or town) Maryland.  15. MAIDEN NAME Mae G. Date Leavinger.  16. BIRTHPLACE (city or town) Maryland.  17. Maryland Saw Mich.  18. Was there an autopsy?  28. If death was due to external causes (VIOL ENCE) fill in elso the following:  29. Accident, suicide, or homicide?  20. Date of injury occur?  20. Where did injury occur?	1. COOK MIN WILL D. WINGEL, MINISTED, WIDO	word) May 22, 193 7
6. DATE OF BIRTH (month, day, and year) Aug 23 - 1909  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  27 S 29 If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOKOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et instruction (month and year)  (State or country)  12. BIRTHPLACE (city or town) Mayford.  (State or country)  13. NAME Fluic A. Forgueiar.  14. BIRTHPLACE (city or town) Mayford.  (State or country) Mayford.  15. MAIDEN NAME Mae & Days If LESS than 1 day, hrs. or min.  16. BIRTHPLACE (city or town) Mayford.  (State or gountry)  What test confirmed diagnosis? Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Date of injury, 19.	5a. If married, widowed, or divorced HUSBAND of	(1001)
6. DATE OF BIRTH (month, day, and year) Aug 23 - 909  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  9. Industry or business in which work done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  (State or country)  Many Laws  14. BIRTHPLACE (city or town) (State or country)  Many Laws  15. MAIDEN NAME  Many Laws  16. BIRTHPLACE (city or town) (State or gountry)  Many Laws  Many Laws	(or) WIFE of	The state of the s
7. AGE  Years  Months  Days  If LESS than 1 day,	Que 2 2 /0 40	
8. Trede, profession, or particular kind of work done, es SPINNER, Office Works.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupetion (month and year)  (State or country)  12. BIRTHPLACE (city or town) Maryland.  (State or country)  13. NAME Fluic A. Fragucher.  14. BIRTHPLACE (city or town) Maryland.  (State or country)  15. MAIDEN NAME Mae C. Anecleubege.  16. BIRTHPLACE (city or town) Maryland.  (State or agountry) Maryland.  23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide? Date of injury, 19.  Where did injury occur?	7. AGE Years Months Days If LESS	than to have occurred on the date stated above, at 1.30 a.m.
8. Trede, profession, or particular kind of work done, as SPINNER, Office Worker.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupetion (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Luic A. Language  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mac & Date of  16. BIRTHPLACE (city or town)  (State or gounlry)  16. BIRTHPLACE (city or town)  (State or gounlry)  17. MAIDEN NAME Mac & Date of injury  18. MAIDEN NAME Mac & Date of injury  19. Where did injury occur?  Where did injury occur?  Where did injury occur?		min. were as follows: Or DEATH and related causes of importance
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupetion (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Fluix A. Fryncher.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mae E. Suchembers.  16. BIRTHPLACE (city or town)  (State or gountry)  16. BIRTHPLACE (city or town)  (State or gountry)  17. MAIDEN NAME Mae E. Suchembers.  18. MAIDEN NAME Mae E. Suchembers.  19. Manual M	8. Trede, profession, or particular kind of work done as SPINNER	Date of ones
12. BIRTHPLACE (city or town)  (State or country)  13. NAME Fluis A. Forguesker.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mae E. Dueskerberger.  16. BIRTHPLACE (city or town)  (State or gountry)  16. BIRTHPLACE (city or town)  (State or gountry)  Maryland  23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  19. Where did injury occur?		Shooting him Bell
12. BIRTHPLACE (city or town) Maryland.  (State or country)  13. NAME Fluis a. Fraguesher.  14. BIRTHPLACE (city or town) Maryland.  (State or country) Maryland.  15. MAIDEN NAME Mae E. Drecleubuge.  16. BIRTHPLACE (city or town) Maryland.  17. Manuel of operation What test confirmed diagnosis? Was there an aulopsy?  23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide? Date of injury 19.  Where did injury occur?	work was done, as SILK MILL,	sutto a Robble
12. BIRTHPLACE (city or town)  (State or country)  13. NAME Fluis A. Forguesker.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mae E. Dueskerberger.  16. BIRTHPLACE (city or town)  (State or gountry)  16. BIRTHPLACE (city or town)  (State or gountry)  Maryland  23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  19. Where did injury occur?	SAW MILL, BANK, etc	in the Diet at head
12. BIRTHPLACE (city or town)  (State or country)  13. NAME Fluis A. Fraguesker.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mae E. Successful or town)  16. BIRTHPLACE (city or town)  (State or gountry)  16. BIRTHPLACE (city or town)  (State or gountry)  17. Manuel of operation  What test confirmed diagnosis?  Was there an aulopsy?  23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  19. Where did injury occur?	2half Lil fulz	
13. NAME Lewis a. Longwisher.  14. BIRTHPLACE (city or town) Maryland.  15. MAIDEN NAME Mae Consistently  16. BIRTHPLACE (city or town) Maryland.  17. MAIDEN NAME Mae Consistently  18. BIRTHPLACE (city or town) Maryland.  19. What test confirmed diagnosis? Was there an aulopsy?  20. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Date of injury 19.  Where did injury occur?	12. BIRTHPLACE (city or town) Maryland.	Other Coutributory Causes of importance:
State of country    What test confirmed diagnosis?   Was there an aulopsy?		
State of country    What test confirmed diagnosis?   Was there an aulopsy?	15. NAME TOUR A. Organisme.	
What test confirmed diagnosis? Was there an aulopsy?  15. MAIDEN NAME Mae & Dreckenbege.  16. BIRTHPLACE (city or town) Maryland Merchanical Confirmed diagnosis? Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Date of injury	14. BIRTHPLACE (city or town)	Name of operation Date of
Where did injury occur?		What test confirmed diagnosis? Was there an aulopsy?
Where did injury occur?	15. MAIDEN NAME /Mal Goldnersenbege	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
Where did injury occur?	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	(State or gountry)	Where did injury occur?
17. INFORMANT July 9. Jorgnich. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Columnat Med.		(Specify city or town, county and State) Specify whether injury occurred in industry, in Home, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cherrillo Med. Date 5-25, 1937, Nature of injury.	Place Chlustello Med. Date 5-25	10.37
19. UNDERTAKER Carried Funes   24. Was disease or injury in any way related to occupation of deceased?		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5 - 22-, 1937 Mart Jowess (Signed) Il B. S. Gostman	20. FILED 5 - 22-, 1937 Mast Bown	ess (Signed) If & Stanting M.I
Registrar. (Address) Oracle Medical of Management of Manag		The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.	M. 4.4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

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state

DEATH

1. PLACE OF DEATH			(131)	
County Washingt	On LIMITE P		Registration Dist. No.	02
Village or City Hagerst			No. 523 Reynolds Avenue st	- Ward
Longth of goldenos in situ on Assembly		(II	death occurred in a hospital or institution, give its NAME instead of street at	nd number)
			ds. How long In U.S. if of foreign birth?yrs	
			If U. S. Veteran, specify WAR	
(a) Residence: No. 523 Re:	ynolds (Usual place	Avenue	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIST	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
Female White	OR DIVORCE W1 do	ID (write the word)	May 20,	, 193
5a. If married, widowed, or divorced				(11441)
(or) WIFE of Henry A. ]	McCune		22. I HEREBY CERTIFY, That I ettend	
	Tan 6, 1	273.	Llast saw h A alive on Many 201 193	2, 19.37. 2: death is said
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months	Deys	If LESS than	to have occurred on the date steted above, at / 0,00 Pm.	z; death is said
64 4	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular		ormin.	were as follows:	Date of onset
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Home W	ork	10	
9. Industry or business in which			Chronic dephritis	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1		· · · · · · · · · · · · · · · · · · ·	
- I this obea patron (month and	sp3	time (years) ent in this upetion	3.: N	
year)	ington (		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Md	Joanoy	K hanmatar Urthertis.	7
	n E. Mai	also 3 7	Olgrown Majorarostis V	3
יות שליי	armont	Kell.	nyperleasing	
4. BIRTHPLACE (city or town) (State or country)	Ad Mario		Neme of overation	
	Smith		23. If deeth wes due to external causes (VIOL ENCE) fill in elso the follow	
	Mb 22 20200	nnt.	Accident, suicide, or homicide?	
16, BIRTHPLACE (city or town)	Md.		Where did injury occur?	47
17. INFORMANT Mrs Hannah Ma	rkell.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Hagerstov	vn.			T L T U LL
18. BURIAL, CREMATION, OR REMOVAL	3 36	07 70	Manner of injury	
Place Hagerstown, Mc	Date May	23, 19 37	Neture of injury	
19. UNDERTAKER Fred W. Kra:	iss.		24. Was disease or injury in eny way related to occupation of decased?	14
(Address) Hagerstown,		17	If so, specify	
20. FILED 3 - 22-19.37/	Mach	Lower	(Signed)	M. D.
		Registrar.	(Address) . Hagerstown M	W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other centuituteur causes of importance	
May 1,1923	Gastroenteritis	1 year
May 1,1923	Gastroenteruis	1 1
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy 1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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See instructions on back

TION is very important.

V. S. No. 1

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state

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I. PLACE	OF DEATI	ri.			948	
County_		hingto			Registration Dist. No.	302
Village o	or City Ha	gersto	Wh com	P 48	No. 141 High Street St.	5 War
					death occurred in a hospital or institution, give its NAME instead of street	
					ds. How long in U.S. if of foreign birth?yrs	mosa
2. FULL			Henry Mc		If U. S. Veteran, specify WAR	
(a) Resi	idence: No	41 Hig	gh Stree (Usualplace		St., 5 Ward.  If nonresident give city or town	and State
PERS	ONAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	Н
3. SEX Male					21. DATE OF DEATH  May 19  (Month) (Day)	, 193 7 (Year)
	dowed, or divorce					
(or) WIFE o		a M. N	AcKinzie		22. I HEREBY CERTIFY, That letten	
6. DATE OF BIR	TH (month, day, a	ind year) No	v. 1, 1	882	I last saw h alive on 19	; death is sa
7. AGE	Years 54	Months 6	Days 18	If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$ 00A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
& Trade n	Ofaccion or part	ieular		ormin.	were as follows:	Date of onse
No kind	of work done, as YER, BOOKKEEPE	SPINNER,	Retired		Coronary Heren leasurs	7
A Industry	or business in w	vhich			( Copperation of the copperation	
3 SAW			R. Emp			
O this	ceased last worke occupation (montl	h and	spa spa	ime (years) nt in this		
	year) occupation				Other Contributory Causes of importance:	
12. BIRTHPLACE (State or		Washin Md.	igton Co	unty		
		McKin				
Ī						
	ACE (city or town to or country)		rick Co	unty	Name of operation Date	10
	NAME Ann	, pb 04			What test confirmed diagnosis? Was there	
I			rick Co	untar	23. If death was due to external causes (VIOLENCE) fill In also the follo	
	.ACE (city or town te or country)		id.	ancy	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
					Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT	) Ha	gersto	M. McKi	nzie	openity whether mighty occurred in the service, in Home, of the following	T LAGE.
	MATION, OR REP	MOVAL			Manner of Injury	
Place_H	agersto	wn, Ma	· Date May	21 ,19 3	Nature of injury	
19. UNDERTAKE	Fred	W. Kra	iss.		24. Was disease or injury In eny way related to occupation of deceased	, ho
(Address	) Hager	stown	Md.	1	If so, specify	
20. FILED 5	- 20-19	376/	rasto	owers	(Signed) S. I. Ca. D. 4	M.
	7	7-5-7		Registrar.	(Address) Hag ers toters and	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis UN 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED mation should be carefully supplied. AGE should be

-WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE O	F MARYLAND—CERTIFICATE	OF	DEATH
	ž.		

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County VV ashington	Registration Dist. No. 302
Village or City Fa' Y U' eu.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7 - 10 '11	ds. How long in U.S. if of foreign birth?yrsmosds.
1 ·	If U. S. Veteran, specify WAR
(a) Residence: No. Fairu, ew (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH May 28 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bethie G.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) April 13-1870	I last saw base alive on 5-27, 1977; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chr. Myrandeto 54cm
9. Industry or business in which work was done, as SILK MILL, Real Yee d.	leger,
TO. Date deceased last worked at this occupation (month and year) — The property of the second state of the second	
12. BIRTHPLACE (city or town) Mc Qe xs burg (State or country)	Other Contributory Canada of Importance:
	Colin - relevosio
13. NAME JOSeph hiley 14. BIRTHPLACE (city or town) Up ton (State or country)	Name of operation Date of
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
Mas Saul Michael	Where did injury occur?(Specify city or town, county and State)
(Address) Talr view	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place V Mac Many Ma Dete 11(My 31 , 190)	Nature of injury
19. UNDERTAKER (A-1(, Co f) man (Address) Hagey Stown Led	24. Was diseese or injury In eny way related to occupation of deceased?
20. FILED may 27, 1927 Janet miswander Fretz	(Signed) M. D.  (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
an Marin	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS BY	PHYSICIAN
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FOR BINDING

IARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5754
1. PLACE OF DEATH,	94-6
County Washington	Registration Dist. No.
Village or City Hagustown	No. 1/3 East Franklin St. 4 Ward
7. — (It	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred. 3.3_yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles E. Poe	If U. S. Veteran, specify WAR
	St., # Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Male White Married	(Monthy) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	m / LUEDEDY CERALEY That flooring to the
(or) WIFE of Elsebeth E. Poe	22. HEREBY CERTIFY, That battended deceased from
6. DATE OF BIRTH (month, day, and year) May 3 1868	I last saw h 1 1 aliva on 1 2 , 19 3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30.P.m.
6A 11 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trada profession or particular	Oate of onset
kind of work done, as SPINNER, A Veturianian SANYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) 10. Oata deceased last worked at this occupation (month and	Thany Hypertones Mayo
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and year) spent in this 35 year	
Soiter lova a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	NA
I V t	Name of operation. Date of
14. BIRTHPLACE (city or town) 2000 md	What test confirmed diagnosis?
15. MAIDEN NAME Suran Macalle	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Suran Macafee  16. BIRTHPLACE (city or town). Lettrality	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANTM. G. Edward Pal	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Hageritorin ma	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Placelesterstung Md OateMay 3 , 1937	Nature of injury
19. UNDERTAKER Stott & Minnichtson	24. Was disease or injury in any way related to occupation of decaased?
(Address) Sugentour Ma	If so, specify
20, FILEO 5 - 3 - ,1937 WART BOWER	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	8 = 1 H
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

1. PLACE OF	DEATH			(120)
County	Washington	PELIMITE PI		Registration Dist. No. 202
Village or Cit	y Hagerstow	n Md.		No. Wash. Co. Home St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of reside	ence In city or town where	death occurred	yrs,mos	ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAM	E Eliza	Poffenba	rger	If U. S. Veteran, specify WAR
(a) Residence		ngton Co	Home V	St., 9 Ward.  If nonresident give only or town and State
PERSONA	AL AND STATIST	Annual Property and the	district the second	MEDICAL CERTIFICATE OF DEATH
s. sex Female	4. COLOR OR RACE White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH May 10 may 10 (Yeer) (Yeer)
a. If merried, widowe		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	711	(Month) (Day) (1eer)
HUSBAND of (or) WIFE of		enbarge		22. I HEREBY CERTIFY, That I attended deceased fro
S. DATE OF BIRTH (n	nonth, dev. end veer)	June 2	876	I lest saw h. QA alive on Muay 4 , 19.37; death is se
. AGE Years		Deys /	If LESS than	to heve occurred on the date steted above, et/Q_m.
70	11	8	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	ion, or perticular		ormin.	were es follows:
kind of wo	ork done, as SPINNER, BOOKKEEPER, etc	nana		
kind of wo SAWYER, I		none		Truckial Memmeria (offi 2)
work wes	done, as SILK MILL,			
O. Dete deceesed	, BANK, etc	none.	me (years)	Inmary Course: Probably weeken hemorrhage.
this occupa	tion (month end	sper	nt in this	Divintion: Unknown Cuff ??
year)	non	111	pationNone_	Other Contributory Causes of Importance:
12. BIRTHPLACE (city	or town) Downs	ville		
(Stete or count	ry) Wash. C	o. Md.		- Vartial Para Prais let 8 les
13. NAME W 1	lliam Tay	lor		
14. BIRTHPLACE	- OW	nsville		N
	country) Downsvi			Neme of operation Dete of
-		220		What test confirmed diegnosis?
15. MAIDEN NAM	E Charlett	Good		23. If deeth was due to external couses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE	(city or town) DOW	nsville.		Accident, suicide, or homicide? Date of injury, 19
E (State or e	country) Wash.	Co. Md.		Where did Injury occur?
17. INFORMANT N	. V Shervi	n		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL			Menner of Injury
Place Bal	cersville 0	emate. Mass	. 1.219. 3	7
		may.	75	
19. UNDERTAKER	Edith V.	Leaf		24. Was disease or injury in any way related to occupation of deceased?
(Address)	Church Sta	William	nsport Mo	If so, specify
20. FILED 5-/	1- 1937-69	121/10	Soucest	(Signed) E. ( Carolog ( M.
ZU. FILED	17 Waf John C.		Registrar.	(Address) Hacars Thum Mrd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CELVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhade 311M 7 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Fallstones		May 1,1923	Gastroenteritis	1 year
			•	
	ADDITIONAL	SPACE FOR EURTH	ER STATEMENTS BY PHYSICIAN	
	ADDITIONAL	SIACE FOR FURTH	EK SIKIEMENIS BI FRISICIAN	

TION is very important. See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	317
County frather by	Registration Dist. No.
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo:	sda. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME female (tactus)	1 offenbergen
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word)	21. DATE OF DEATH May 193, 193, 193, 193
a. If married, widowed, or divorced	(mogan) (ori)
HUSBAND of Gor Hospital Husband of German	22.   I HEREBY CERTIFY, That I attended deceased from
no 1/ 1627	19) (to 144) 7, 19) /
DATE OF BIRTH (month, day, and year) May 7	I last saw h. [ ] death is said
AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2// FF DO IC N   ormin.	ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	STILL BORN
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (months and	
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town Co herrolle, my	Other Contributory Causes of Importance:
(State or country)	
13. NAME Myle Coffenherger	, , , , , , , , , , , , , , , , , , ,
13. NAME // 14. BIRTHPLACE (city or town) / Theresell / (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an autopsy?
I.10 6 Co	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
7. INFORMANT Marolly Pofferburger	Where dld Injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Roberthrell, mg 8. BURIAL, CREMATION, OR REMOVAL	
PlaceDate19	Manner of injury
	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER	If so, specify
may 12 21 mm K -1 . A. 1	(Signad) 11-13- Wrotzer M.D
0. FILED! ( and 192 f. 192 Mathematique quitous Registrar.	(Address) Doordpore my

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No./a.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WILST: V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5/5/
1. PLACE OF DEATH  County Stillforn	Registration Dist. No. 304
Village or City /fancoch, md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cowe	rs
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  5-/3-37  (Month)  (Day)  (Year)
5a, tf married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from $3-/3-37$ , 19 , to $3-/3-37$ , 19
6. DATE OF BIRTH (month, day, and year) 5/13, 37	I last saw h alive on
7. AGE Years Months Days If USS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Olil Born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at  11. Total tima (years)	3
O Date deceased last worked at this occupation (month and year) spant in this occupation occupation.	
12. BIRTHPLACE (city or town fluencoct G. )	Other Contributory Causes of Importance:
13. NAME Frederick David Powers	
13. NAME frederick Dayle Journey  14. BIRTHPLACE (city or town) / January, md	Name of operation
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Smith frames  16. BIRTHPLACE (city or town) W. V.a.  (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) W. V. (Stata or country) There	Accident, suicide, or homicide?
17. INFORMANT	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place 19.3	Manner of injury
19. UNDERTAKER Mederics & Dayle Pagers (Address) Hangard And Surfe	Natura of injury 24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED V/13 , 1937 Deutelle Registrar.	(Signed) Heytler M. I. (Address) Stework, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- AU V. S.		UKEAU V. S. II	
Other contributory chuses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-	(159)
	Registration Dist. No. 302
	No 477 Machania
f	death occurred in a hospital or institution, give its NAME instead of street and number)
S.	ds. How long in U.S. if of foreign birth?yrsmosds.
(	agland If U. S. Veteran, specify WAR
1	St. 5 Ward.
-	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
į	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from may 19, 1972, to may 19. 1937.
	I last saw h. M. a alive on M. a. a. 1937; death is said
	to have occurred on the date stated above, at \$P_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
+	
	drematurety.
-	
_	
	Other Contributory Couses of importance:
-	
_	
	Name of oparation
	What test confirmed diagnosis? Was there an autopsy?
_	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
-	Accident, suicide, or homicide?
_	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
-	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
1	(Signed) Allfanday M.D.
	(Address) A togke town Use

Chronica

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	113N 2 1531	July 5,1927	Peritonitis	3 days ago
	BUREAU V. 8			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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	IS	Sta	pr	cer
	WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		1948)	7
County Washington		Registration Dist, No. 30	
Village or City Hagerstown		No. N. Y. Central Iron Works 5	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and numb	er)
Length of residence in city or town where death occurredyrs.	mos.	ds. How long in U.S.If of foreign birth?yrsmos	ds.
2. FULL NAME Harry J. W. Renner		St. Ward.	
(a) Residence: No. 253 Summit Avenue (Usual place of abode	.)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, W OR DIVORCED (write Married		21. DATE OF DEATH    May 20, (Day) (Day)	37 (Yeer)
5a. If married, widowed, or divorced HUSBAND of Lillian M. Renner		22.   HEREBY CERTIFY, That I attended dece	
70.2	2.0	, to,	
6. DATE OF BIRTH (month, day, and year) Feb 14, 189	39	I last saw h; de	eath is said
101100	LESS than	to have occurred on the date stated above, ag JOA.m.	
420 43	y,hrs. min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Welder SAWYER, BOOKKEEPER, etc.			
kind of work done, as SPINNER, Welder SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Iron Works SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and spant in thi	ars) is		
		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Hagerstown			
(State or country) Md.			
13. NAME William Renner			
13. NAME William Renner  14. BIRTHPLACE (city or town) Washington Court (State or country)	nty	Name of operation Date of What test confirmed diagnosis? Was there an au'o	
15. MAIDEN NAME Cora May Baker		23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Washington Cour	nty	Accident, suicide, or homicide? Accident Date of Injury 20	,1937
(State or country) Md.		Where did injury occur?	na-
17. INFORMANT Mrs. Lillian M. Renner (Address) Hagerstown, Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury Zyplozion & fold dr	um
Place Hagerstown, Md. DateMay 23,	, 19. 3.7	Nature of injury Tracture of head, le	4
Fred W Vrojes		24. Was disease or injury in any way Mated to occupation of deceased?	nam
19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstown Md.		If so, specific detauther spring walled	Hood
Garage Is to the selection of the select		1/2	M-D
20. FILED - 2- 190 / May 1000	reso	(Signed) Signed	7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting . S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	į	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MIN 7 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory rauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

20. FILED JH.

jo

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	JUN 9 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SURBAU V. S	July 5,1927	Peritonitis	3 days ago	
	DURDSO V. A				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	infor-	state	UPA-
(M)	Jo	pli	S
	item	shoi	o jo
	D. Every	ISICIANS	statement
1	RECOR	. PH	Exact :
ADING	MANENT RECORD. Every item of infor-	ACTLY. PHYSICIANS should state	lassified. Exact statement of OCCUPA-

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BII

1. PLACE OF DEATH	947)
County Washington	Registration Dist. No. 505
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where daath occurred 14 yrs	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME alice Turques O:	mith If U. S. Veteran, specify WAR
(a) Residence: No. Bounds (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Onth)  (Day)  (Var)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Collean S. Snittle	22. I HEREBY ERTIFY, That I attended deceased from  22. 3 64 1937 to 32 64 1937
6. DATE OF BIRTH (month, day, and year) August, 12, 1874 7. AGE Yoars Months Days If LESS than 1 dey,	I lest saw h. a.m. alive on
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL RANK etc.	f
SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yaar)  yaar) - 10. Data deceased last worked at this occupation (month and yaar) - 10.	
12. BIRTHPLACE (city or town) Keedysulle (Stata or country) Woods, Je. md	Other Cautributary Causes of importance:
13. NAME Josephus Clopper	7
14. BIRTHPLACE (city or town) Leady sulle (State or country) wash. See md	Nama of oparetion
15. MAIDEN NAME Marietta, Snavely 16. BIRTHPLACE (city or town). Leadynells (State or country) wash. Co. md  17. INFORMANT Showas Clopper (Addrass)	23. If death wes due to external causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18, BURIAL, CREMATION, OR REMOVAL  Better on Mansalum Date. ] 2., 19.37.	Manner of Injury
19. UNDERTAKER UTY Dast & 5 mg (Address) Browns bow md	24. Was disaase or injury In any way related to occupetion of deceased?
20. FILED Lille - 2., 1937. William J. Registrar.	(Midrass) Bases and

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 5 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis,	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts IINSAU V. S.	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
T T T T T T T T T T T T T T T T T T T			A
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The State of the S

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	CERTIFICATE OF DEATH 5762
1. PLACE OF DEATH	930
County Mashinglang	Registration Dist. No. 30 le
Village or City Near Smithstrug	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50 yrsmos.	1
2. FULL NAME anna Margareh	Smith no Jeteran
(a) Residence: No. Plan Smithsting	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or tworced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lan. 25-1863	I last saw here alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 90 cm.
74 B 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or paticular kind of work dona, as SPINNER, SPINNER, SAWYER, BOOKKEPER, etc.	Chrome Mucloudt
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
f 0. Date deceased last worked at this occupation (month and this occupation (month and this occupation)	
12. BIRTHPLACE (city or town) Smithsling ma	Other Contributory Causes of importance:
13. NAME Samuel Doll	
14. BIRTHPLACE (city or town) Pengland (Stata or country)	What test commend diagnosis? We there an autopsy?
15. MAIDEN NAME Mary Co. Herres	23. If death was due to external cause (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Senna	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT MA Phay Levys (Address) Land My	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dechel Mag // Bate // Mg // 195/	Nature of injury
19. UNDERTAKER MAJORITHA DE LA COMPANIONE DEL COMPANIONE DE LA COMPANIONE DEL COMPANIONE DE LA COMPANIONE DEL COMPANIONE DE LA COMPANIONE DE LA COMPANIONE DELA	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED May 10, 1939 Set 1 Tenguson	(Signed) F. Co. Mily 1900 M.D.
If more blanks are needed, addross State Recistrar.	2411 N. Charles Street, Baltimore, Requesting Ty. S. No. 1.
, and of the state	The transfer of the state of th

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	and more and		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

5763

1. PLACE	OF DEATH			(165)	
County	Washingt	on		Registration Dist. No	502
	r City Hagerst				
			EQ (If	death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of i	residence in city or town w	here death occurred	OU yrsmos	ds. How long In U.S. if of foreign birth?yrs	mosds.
2. FULL N	IAME Sam	uel A. Sr	nyder	If U. S. Veteran, specify WAR	
(a) Resid	dence: No. 410 R	idge Aver	nue	St., Z Ward.	
		(Usual pla	ce of abode)	St., Ward.  If nonresident give city or town	and State
	DNAL AND STAT	ISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATI	1
Male	4. COLOR OR RACI	OR DIVOR	ARRIED, WIDOWED, CED (write the word) Wed	21. DATE OF DEATH  May 27  (Month) (Day)	, 193 7 (Year)
e. If married, wid HUSBAND o (or) WIFE of	dowed, or divorced	lom. 4	Incide.	22. I HEREBY CERTIFY, That I etten	
		1	2007	, 19, to	
	H (month, day, end year)	April 4,		I last saw h alive on, 19	; death is said
	Years Monti	Days 23	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 4:30 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
15		20	ormin.	ware as follows:	Oate of onset
8. Trada, prokind o	ofession, or particular of work done, es SPINNEI ER, BOOKKEEPER, etc	Croccine	. We tokmen		
9. Industry of work SAW	ER, BOOKKEEPER, etc	OTOBBILL	wa comman		
work	or business in which was done, as SILK MILL, MILL, BANK, etc	Rail Ro	ad		
10. Date dece	eased last worked at		Il tima (years) pant in this		
	ccupation (month and	S	pant in this coupation	,	
	(city or town) Wash	ington Co	num tar	Other Contributory Causes of importance:	
2. BIRTHPLACE (State or o		Md.	outiley		
13. NAME	George Sny		Paul III		
20, 1171112	ACE (city or town) Wa		Country		-
	ACE (city or town)	Md.	Country	Name of operation	
15. MAIOEN	21.0	1011	V. Sinto	What test confirmed diagnosis? Was thara	
-	1	Javel	of concelle	23. If daath was due to external causes (VIOLENCE) fill in also the follo Accidant, suicide, or homicide?	wing:
16. BIRTHPLA	ACE (city or town)	rownsu	mg.		7.1937
			1100.	Where did Injury occur? (Specify city or town, county and	Stale)
7. INFORMANT _ (Address)	Charles S Hagersto			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
	nation, or removal anor Cemet	ery_Date_Maj	30 ,19 37	Manner of injury Suicide by Caura in	<del>]</del>
	Fred W.			24. Was disease or injury in any wey related to occupation of deceased	?
(Address)	Hagerst	OWING IN	Mrs. a.	If so, specify (Signed) Codward Meard, actu	i harren
O. FILED	-27-,192/	phasi	11/20mes		
			Registrar.	(Address) Cargoslown O	ra,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OR BINDING	A PERMANENT RECORD. Every item of infor-	ated EXACTLY. PHYSICIANS should state	operly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	

1. PLACE OF DEATH		10			
County Washington		Registration Dist. No.	~		
Village or City Hagerstown		No. Washington County Hosptstal 3 W death occurred in a hospital or institution, give its NAME instead of street and number)	Vard		
Length of residence In city or town where death occurr	edvrs11_mos	death occurred in a hospital or institution, give its INAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds_		
2. FULL NAME John L. Stotl		If U. S. Veteran, specify WAR			
(a) Residence: No. Hagerstown (Usua	I place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male 4. COLOR OR RACE OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH  May 4, 1937  (Month) (Oay) (Year	r)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. That I ettended deceased			
	0 1076	May 4 , 19.37 to May 4 , 19.3	/		
O. DATE OF BIKIN (Month, day, and year)	8, 1936.	I last saw h	seld		
7. AGE Years Months Da	6   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
8. Trade, profession, or particular	ormin.	were as follows:	pnset		
kind of work done, as SPINNER, Infa	nt	VIOIA			
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Infa 9. Industry or business in which work was done, as SILK MILL,		Diph here Chay			
CAW MILL DANK ata	T.A.I Ata A				
10. Oate deceased lest worked at this occupation (month end year)	Total time (years) spent in this occupation				
	ograpation	Dther Coutributary Causes of importance:			
12. BIRTHPLACE (city or town) Hagerstown (State or country)	~~~				
# 13. NAME Harry Stotlar					
14. BIRTHPLACE (city or town) Unknown		Name of operation			
(State or country)		What test confirmed diagnosis? Yes there an au'opsy? Wes there an au'opsy?			
15. MAIDEN NAME Dorotha Bake	r	23. If death wes due to external causes (VIOLENCE) fill In elso the following:			
16. BIRTHPLACE (city or town) Sharpsbu	rg	Accident, suicide, or homicide? Date of Injury			
Totale of country)		Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
17.INFORMANT Mrs. Dorotha Sto (Address) Hagerstown, Md.	tlar R. D. 1				
18. BURIAL, CREMATION, OR REMDVAL Place Manor Cemetery Oate M	ay 6, 1937	Manner of injury			
19 UNDERTAKER Fred W. Kraiss.		24. Was disease or injury in any way releted to occupation of deceased?			
(Address) Hagerstown, Md.		If so, specify			
20. FILEO 5-4- 1937 154A	More	(Signed) E. Capholl	_M. D		
20. FILEU.	Registrar.	(Address) Hogerstous Mrd			

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1111 7 1001			
1 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-D. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PL.

1. PLACE OF	DEATH			(9318)			
County	Washingto: Hagersto	the color of the c		Registration Dist. No. 30			
Village or City_	nagersto			No. St., St.,	Ward		
			yrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number deathds. How long in U.S. if of foreign birth?yrsmos			
2. FULL NAME	Sally R	. Swart	Z •	If U. S. Veteran, specify WAR			
(a) Residence:	No. 347 Wes	t Side . (Usual place		St., S Ward.  If nonresident give city or town and State			
PERSONAL	AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Female 4.	COLOR OR RACE White		RIED. WIDOWED,	21. DATE OF DEATH  May  (Month)  (Day)  (193	7 Year)		
5a. If married, widowed, HUSBAND of (or) WIFE of	Villiam G.	Swartz		22. I HEREBY CERTIFY, That I attended deceas	D =		
6. DATE OF BIRTH (mor	ith, day, and year)	uly ?	1866	11/- 9 127	th is said		
7. AGE Years 70	Months /	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	e of onset		
9. Industry or busi work was don SAW MILL, B 10. Date deceased la this occupetion	doná, as SPINNER, H OKKEEPER, etc	11. Total t	ime (years) nt in this		1 %		
12. B1RTHPLACE (city or (State or country)		way	upation	Other Contributory Causes of Importance:			
TI 13. NAME J	ohn Swartz						
13. NAME J 14. BIRTHPLACE (cit (State or cou	y or town) Near	Winche a.	ster	Name of operation Date of Was there an au'opsi	v, 14		
15. MAIDEN NAME	Anna Les	ter		23. If death wes dua to external causas (VIOLENCE) fill in also the following:	,		
16. BIRTHPLACE (city or town) Unknown (State or country) Virginia  17. INFORMANT William G. Swartz. (Address) Hagerstown.				Accident, suicide, or homicide?			
							18. BURIAL, CREMATION Place Rest
19. UNDERTAKER	red W. Kra Hagerstow		11-11	24. Was disease or injury in any way related to occupation of deceased?	-b		
20. FILED	0/.19.3/4	mest	Secuen Registrar.	(Address) Hager brown, Wd.	M. I		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1111 7 1017	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MINGALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.-WRITE PLA

V. S. No. 1

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	iten	sh	Jo	1
	-WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ED.	IYS	sta	
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5	LN	LY	d.	
	ANE	CI	sifie	
1	RM	XA	clas	
1	PE	d E	erly	cate
2	SA	tate	rope	ertif
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THE PROPERTY OF THE PROPERTY O	CA	ld E	DE	ry ir
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	RITI	ion	USE	N is
	F	mat	CAI	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Washmator	Mark Co Registration Dist. No. 302
Village or City Hagelstown	No. 13elme St., 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  Market How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Man Suishus	If U. S. Veteran, specify WAR
(a) Residence; No. Beline	St., S Ward.
(Usual place of abode)	Searce Cree Enonrollent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (with a word)	21. DATE OF DEATH  May 9, 193 7  (Month) (Bay) (Tear)
If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceesed from
(or) WIFE of	
B. DATE OF BIRTH (month, day, and year) John 18-5-8	I last saw h. A aiiva on
AGE Yeers Months Days If LESS then	to heve occurred on the data stetad above, et. 9 e.m.
79 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc	(andio vascular regal disease
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased lest worked et this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Beauce Creek	Octor Continues, Canada of Importance.
(Stete or country)	
13. NAME John & Swinker	
14. BIRTHPLACE (city or town) Beance Creek	Neme of operation
(State or country)	Whet test confirmed diagnosis?
15. MAIOEN NAME Mary Perce	23. If death wes dua to external causas (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) What was a country)	Accident, suicide, or homicide?
me Tree Come	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Haghetown Md	Specify whether injury occurred in INDOSTRI, in HOME, of the POBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVED.	Manner of injury
Place Naguateur May 9, 1937	Netura of injury
19. UNDERTAKER Scott & Minnich Islan (Address) Hazerstrum md.	24. Was diseesa or injury in any way releted to occupation of deceesed? Ad
20. FILED 5-9- 1937 Charthours	(Signed) E. T. Cauplell M.D.
Registrar.	(Address) Hegenslow And

57cc

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED

	ID—CERTIFICATE OF DEATH
1. PLACE OF DEATH	<i>⑤</i> ∧
County Washington	Registration Dist. No. 3 1/6
Village or City/ Lee Chyseulle	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Life yrs	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Lela Thomas	Taylor If U. S. Veteran, specify WAR
(a) Residence: No. Kerdyselle	O St., Ward.
(Usad piace of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULAR  8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
Famile (4. li-le Marries	word) May 2/ 193 7
ia. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Calph 10. Daylor	22. I HEREBY CERTIFY, That I attended deceased In
5. DATE OF BIRTH (month, day, and year) July - 3 - 189	I last saw h Erc alive on May 2/ ,1937; death is sa
	S than to have occurred on the date stated above, at 9. 500 m.
44 10 18 or	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ancey theast c ?
2. Industry or business in which	Jenerary Montagnes
work was done, as SILK MILL, Own Home	
10. Date deceased last worked at this occupation (month and year)	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Ozar Grosanickle	
14. BIRTHPLACE (city or town) / Ledesuille	Name of operation Nove Oate of Love
(State or country) (wash. Co. m	What test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIDEN NAME Sue Thomas	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country) Course. Co. m	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ( ) alph ( ) Daylor (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ledypulle Md. Date May, 24.	, 1937 Nature of injury.
19. UNDERTAKER COULD - Baral 45.	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2000 100 4 4	If so, specify WB Marfair AM
20 FILED Tay 24. 187 1 Steeting	(oigned)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 4 1937			
Other contributory causes of importance:	3.	Other contributory causes of importance:	
Gallstones BUREAU V.	May 1,1923	Gastroenteritis	1 year
Company of the second			

austones	Gastroenteruis Gastroenteruis	1 year
	Control of the Contro	
	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEAT
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1. PLACE OF DEATH				<i>52</i> /(111
County Washington	n		Regis	stration Dist. No. 300
Village or City Sharps			Was T Sharnehur	the second
Length of rasidanca in city or town v	whare death occurred_\$Q_y		death occurred in a hospital or institution, give i	
2. FULL NAME Annie	Catherine T	homas	If U. S. Veteran, specify \	WAR
(a) Residence: No. Nea.1		ALVINOR.	St., Ward.	
(a) Residence. No.	(Usual place of abo	ode)	If no	nresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICUI	LARS	MEDICAL CERTIF	ICATE OF DEATH
3. SEX 4. COLOR OR RAC	OR DIVORCED (wr	rite the word)	21. DATE OF DEATH	31 <sub>193.</sub> 7
5a. If merriad, widowed, or divorced	Married	L	(Month)	(Day) (Year)
(or) WIFE of Edward Fr	anklin Thoma	.8	1	RTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)		856	I last saw halive on	19 7; death is seld
7. AGE Years Mont	/-	If LESS than	to have occurred on the date stated above, a	11-1-
80 7		min.	The PRINCIPAL CAUSE OF DEATH and reli	ated causas of importanca  Date of onset
8. Trada, profession, or particular	R. Housewife			and the same of th
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc  Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc			Con of Las	free / him
9. Industry or business in which work was dona, as SILK MILL,	Housewife		The state of the s	
SAW MILL, BANK, etc			[].[	
10. Date deceased last worked at this occupation (month and year)	wks spentint	this 7 2 0 -		
		11	Other Contributory Causes of Importance:	I MICH.
12. BIRTHPLACE (city or town) Sha	rpsburg		- Common	Sin di f
(State or country) Maryla			- Warner Ja	and and a
13. NAME Solomon Lu				
13. NAME Solomon Lu 14. BIRTHPLACE (city or town)	harpsburg	Md.	Name of operation	Date of
(State of Country)			What test confirmed diagnosis?	Wes thara an autopsy?
	B Bugunior		23. If death was dua to external causes (VIOL	.ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	harpsburg	Md.	Accident, suicide, or homicide?	Date of Injury, 19
∑ (Stata or country)			Where dld injury occur?	
17. INFORMANT Frank H T			Specify whather Injury occurred in INDUST	ify city or town, county and State) RY, In HOME, or In PUBLIC PLACE.
(Address) Sharpsbur	, MQ		Manner of Injury	
Plece Mountain Vi		19.37	Neture of Injury	***************************************
	af Williamsp			
19. UNDERTAKER	oz "xzzxomob	010,	24. Was diseese or Injury In any way ralated	to occupation of daceased?
(Addrass) M. C.	8 10 10		If so, specify	
20. FILED 7/ 1937 (	Deg /Jay-	ere	(Signad)	M. D.
		Registrat.	(Addrass)	A A THE TANK

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis ECE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 5 1931	1		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.2		
Other contributory causes of importance:	-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN	V
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V. S. No. 1

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Washington County\_\_\_\_ Registration Dist. No. No. 302 N. Cannon Ave. St., 4 (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Hagerstown Length of residence in city or town where death occurred vrs mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME William F. Trovinger If U. S. Veteran, specify WAR\_\_\_\_\_\_ (a) Residence: No. State Line, Pa. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Widowed 5a. If married, widowed, or divorced HUSBANO of Mattha J. Trovinger T | F Y / That | attended deceased from (or) WIFE of Mar. 11, 1859 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 26 1 day, \_\_\_\_ hrs. and related causes of importance 78 or\_\_\_\_min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Retired Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation. Other Contributory Causes of importance: Unknown 12. BIRTHPLACE (city or town)\_.. (State or country) Pa. FATHER 13. NAME Daniel Trovinger Name of operation //www 14. BIRTHPLACE (city or town) ..... (State or country) MOTHER 15. MAIOEN NAME Sarah Runner 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Date of injury.......... 19. 16. BIRTHPLACE (city or town) ..... Unknown (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Mrs. Ezra Spielman. Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Hagerstown. Md 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place State Line, Pa. Oate May 9, 1937 Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 1 Kraiss. 19 UNOFRTAKER ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimare, Requesting U. S. No. 1.

Registrar.

If so, specify . (Signed)

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Example I	- 1	Example II	
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Chronic interstitial nephritis JIIN 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

# CTATE OF MADVIAND CEDTIFICATE OF DEATH

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		Every
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state

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING ery important. See instructions on back of certificate. AGE should be F DEATH in plain terms, so that it may be ould be carefully supplied.

-	-WRITE mation sh CAUSE O	
V. S. No.	E Z	

1. PLACE O		,,,,,,,,,		——— Prom	
County	Washing	ton		Registration Dist. No. 3 &	32,
Village or C	ity Williams	port-Gre	(16	Pike at Broadfording Road St.,  death occurred in a horpital or institution, give its NAME instead of street and n  ds. How long In U.S. il of foreign blrth?	umber)
	ME_Walter_(			If U. S. Veteran, specify WAR.	
	ce: No. Clears	Contract of the Contract of th		St., Ward.  If nonresident give city or town and	State
	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Male Male	4. COLOR OR RACE White	or Divorci	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  May 5,  (Month) (Day)	, 193 7 (Year)
5a. II married, widow HUSBAND of (or) WIFE oI	red, or divorced			22. I HEREBY CERTIFY, That I attended	deceased Iron
	т	200	1000	, 19, to	
6. DATE OF BIRTH 7. AGE Yee 4	rs Months	Days	189-2 If LESS than 1 day, hrs.	to have occurred on the date stated above, at 2:00 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
		1 0	ormin.	were as follows:	Date of onset
9. Industry or work was SAW MII	ssion, or particular work done, as SPINNER, BODKKEEPER, etc business in which s done, as SILK MILL, L, BANK, etc	11. Total			
	ty or town) Warf			Dther Contributory Causes of Importance:	
13. NAME H	lenry Ward				
I		liamspor	t,	Name of operation Data of	
1 (31216.01	country)	Md.		What test confirmed diagnosis? Was there an a	u'opsy?
15. MAIDEN NA	ME Rebecca	Keefer		23. If death was due to external causes (VIOLENCE) fill in also the lollewing	
16. BIRTHPLACE	(city or town) Cove	2		Accident, suicide, or homicide accident Date of injury  Where did injury occur? Road- Droadsouting Y Gu	19.3
	rs. Lester		D. 1	(Specify city of town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLA	ACE.
18. BURIAL, CREMAT				Manner of injur Purto mobile a cerdi	hest
	nyder-Rowla Clearspring		ral Home	24. Was disease or injuly in any way related to occupation ol deceased?	yro
20. FILED 5 -	9-,19376	nost	Registrar.	(Signed) X My A. M.	7. M. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PILITE AC			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

portance:

1 year

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See instructions on back of certificate.

TION is very important.

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT	TH C	I WITH			
County Wast				Registration Dist. No.	302
Village or City HE	gerstow	n Md.		No. 29 Armstrong Ave. St death occurred in a hospital or institution, give its NAME instead of street.  ds. How long in U.S. if of foreign birth? yrs.	
2. FULL NAME A					
(a) Residence: No.				If U. S. Veteran, specify WAR	******************
(a) Residence: No	27 AIMS	(Usual place	of abode)	St., Ward.  If nonresident give city or tow	n and State
PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
	r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May  (Month) (Day)	, 193 37 (Year)
5a. If married, widowad, or divo HUSBAND of (or) WIFF of T.13 To	rced inda wol			22. ~ I HER EBY CERTIEY, That I atta	indad dacaased from
Bull Bull	IIIda WOI	1		Mary 10, 1937, to Many	6, 193.7.
6. DATE OF BIRTH (month, day	, and year) J	uly 19,	1859	1/2/2/UA	3.7.; death is said
7. AGE Years	Months	Days	If LESS than	to heve occurred on the data stated ebove, At. 2. 20 m.	
86	9	27	ormin.	The PRINCIPAL CAUSE OF DEATH endelated causes of Importance were as follows:	Date of onset
8. Trada, profession, or po	as SPINNER.	T			
SAWYER, BODKKEE	•	Trucl	cman		7
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc		Chronic Myscardetis			
	kad et	II. Total ti	me (vears)		
this occupation (mo	nth and IO	y S sper	ntin this 60 y		
12. BIRTHPLACE (city or town)	Cave	etown		Other Contributory Causes of Importanca:	
(State or country)	Mary	and the second second		arterioselerosis V	
# 13. NAME John	olf			hospestersion	3
13. NAME John 14. BIRTHPLACE (city or to		etown, 1	Id.	Name of operation Date	10
(State or country)				What test confirmed diagnosis? Islumical Was then	a an autopsy?
# 15. MAIDEN NAME Matilda Sager Wel			¥el	23. If death was due to external causas (VIDLENCE) fill in elso the fol	lowing:
15. MAIDEN NAME Matilda Sager Wel  16. BIRTHPLACE (city or town) Hagerstown, Md  (State or country)			, Md	Accident, suicide, or homicide? Date of Injury Whara did Injury occur?	
17. INFORMANT Son John Wolf (Addrass)		(Specify city or town, county as Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL			
18. BURIAL, CREMATION, OR I	REMOVAL			Manner of injury	
Place Funksti	rwn	Data May	18.,19.3.7	Nature of injury	
Edit	h V. Lea	a.f		24. Was disease or injury in any way related to occurration of degrade	Pd?
19. UNDERTAKER DUIT V. LeaI (Addrass) W illiamsport Md		If so, specify	1		
20. FILED 5-18	1937	ast	Bower	(Signed) Hagen town	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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0.00	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis >	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	VER THE	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

IARGIN RESERVED FOR BINDING

item of infor-

1. PLACE OF DEATH		(159)	
County Y Vashing to	ກ	Registration Dist. No.	92
Village or City 4 6 4 CX 5 10		No. V Cash Co Hospital or institution, give its NAME instead of street and	
Length of residence in city or town where d		osds. How long in U.S. if of foreign birth?yrsn	nosds
2. FULL NAMESTING	Child OKOHT. W	Juffe If U. S. Veteran, specify WAR	
(a) Residence: No. Besters		chaust., Ward.	
DECCAMAL AND COMPLETE	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTI  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
5e. If married, widowed, or divorced	OR DIVORCED (write the word)	(Month) (Day)	
HUSBAND of (or) WIFE of		22. A. I HEREBY CERTIFY, Thet I ettended	deceesed from
(61) 1112 01		May 17 , 1997, to desay 17	, 19.37.
6. DATE OF BIRTH (month, dey, and year)		- 1	; deeth is sei
7. AGE Years Months	Days If LESS than 1 day, 2 hr	to have occurred on the date stated above, etm.	
	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	Date of onse
8. Trede, profession, or perticuler kind of work done, es SPINNER,		for the the	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		- The and half duyth geolali-	
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc.			
10. Dete deceased lest worked at this occupetion (month and	11. Totel time (yeers) spent in this	(1 tild 2 violess)	
12. BIRTHPLACE (city or town) Q Q \ .	sto un	Other Contributory Causes of Importence:	
	Ga		
I	15.		
14. BIRTHPLACE (city or town)	n: ng Im	Name of operation Date of	
15. MAIDEN NAME OF THE PARTY	Rilin	Whet test confirmed diegnosis?	
16. BIRTHPLACE (city or town) 10-96	retnum	Accident, suicide, or homicide? Date of Injury	
(Stete or country)	rud.	Where did injury occur?	
17. INFORMANT ROLLS VIOLS	in tud	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE.
18. BURIAL, CREMATION, OR REMOVAL	nother 19 103	Manner of injury	
2 15 0 5	1	Nature of injury	
19. UNDERTAKER H. H. Q. Q. Q. (Address)	rs town, tu	24. Was disease or injury in any wey releted to occupation of deceased?	
20. FILED 0 - 19-, 1937 6	usstbower	(Signed) So. T. Complete ((Address) Hagers Tenan Min	M.

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